



Capital Asset Requisition/Change Authorization

Purchase:

Requisition or

Related Project #: _____

Bid Number (Purchasing Only): _____

Anticipated
Purchase Date: _____Expected
Purchase Price: _____

PO #: _____

Item Description and purpose: _____

Proposed Location
(building and room/
department): _____

Funding Source: Circle One

Anticipated:

Sinking Fund
GrantsGeneral Fund
Risk Fund

Specify Account Line: _____

Approvals: (Sign and date)

Capital Asset Accountant: _____

Facilities: _____

Superintendent: _____

Finance: _____

Technology Director
(IF Related): _____Grants
(IF Grant Funded): _____

Facilities FINAL Place in Service Review/Approval:
Assigned Asset ID# (Please ensure tagged): _____
Placed In Service Date: _____
FACILITIES (TAGGED and In Service Sign-off): _____

Budget: _____

Return original to Capital Asset Accountant for record-keeping

**IF the requested items are over the Michigan Bid Threshold (\$23,417 FY 17) you MUST also complete the BELOW:
TREASURY APPROVAL REQUIRED Name: _____ Signature and Date: _____**

Delivery Date: _____

Please select type of request: Service MaterialDrawings / attachments included: Yes No**Background/Rationale:**

Quantity	UOM	Description	Estimated Amount

Please check appropriate boxes for any of the following requirements:

- Extend to districts
 Installation
 Electrical needs
 Training
 Special Terms & Conditions
 Trade-in
 Extended warranty
 Multi-year agreement
 Bidder's list attached
 Drop Ship
 Maintenance agreement
 Subject to School Safety Initiative

OPC Use only

- Advertisement
 Bidder's walk through/Bidder's conference
 Bidder's demonstration/Interview
 Bid Bond
 Performance and Payment Bond
 Relevant department notified to review specs
Contract: Solicitation / Response
 New Vendor (W-9 needed)
 Vendor (Submit contract with vendor response)

Account Number(s): _____

Vendor Information

Company Name Contact Name

Email

Phone Number



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**There is NO disposal/sale/scrap of District property allowed without this form.
No exceptions!**

Disposal:

Asset Tag #: _____ Anticipated Disposal Date: _____

Item Description and purpose: _____

Location (building and room/department): _____

Reason for Disposal Request: _____

- Disposal Method:** Proceeds to Business Office 24 hours after sale
- Misplaced - No Proceeds
 - Stolen - No Proceeds
 - Scrap/Salvage - Proceeds \$ _____
 - Donate - To: _____
 - Sale - Indicate seller and anticipated proceeds: _____ \$ _____

Approvals: (Sign and date)

Facilities: _____

Finance: _____

Budget: _____

Capital Asset Accountant: _____

Superintendent: _____

Tag Numbers (if tagged)
VIN # (if Vehicle): _____

Final Disposal Update: Indicate actual Disposal Method and Proceeds. Actual Disposal Date: _____

METHOD: _____ **PROCEEDS:** \$ _____ **FACILITIES (Sign & Date):** _____

CASH RECEIPTS ACCOUNTANT (Indicate CR #, Sign, and Date): _____

Return original to Capital Asset Accountant for record-keeping

Change/Move:

Asset Tag #: _____ Move Date: _____

Item Description and purpose: _____

Move FROM: Location (building and room/department) _____

Move TO: Location (building and room/department) _____

Approvals: (Sign and date)

Facilities: _____

Finance: _____

Capital Asset Accountant: _____

Return original to Capital Asset Accountant for record-keeping

Additional Notes: _____

Please try to prove that the most effective/beneficial method of disposal was used. If the District can receive funds, we should try to receive funds. If a vehicle is being disposed of, please attach a Kelly Blue Book Appraisal report to show adequate effort was taken to ensure a good deal for the District. Attach a list of tag numbers if multiple.