

# CRESTWOOD LOCAL SCHOOLS

## REQUEST FOR ASSET DISPOSAL (TRANSFER)

<u>Asset Description</u>	<u>Tag or Other Identification #</u>	<u>To be transferred from</u>		<u>To be transferred to</u>	
		<u>Dept.</u>	<u>Location</u>	<u>Date</u>	<u>Location</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reason for disposal (transfer) \_\_\_\_\_

Method of disposal (sale/trashed/traded) \_\_\_\_\_

Signature of building principal/administrator \_\_\_\_\_

Date of request \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Signature of Treasurer/CFO \_\_\_\_\_

Date of disposal (transfer) \_\_\_\_\_ if sold for scrap amount received \_\_\_\_\_

If traded in, tag or identification number of asset required \_\_\_\_\_