

DISPOSITION OF INVENTORIED FIXED ASSETS

FROM: _____ School/Area DATE: _____

The following inventoried fixed assets should be removed from the District's fixed-asset records. A copy of the original inventory record must be attached to this form.

INVENTORY CONTROL NUMBER	BRIEF DESCRIPTION OF ITEM	DATE OF DISPOSITION	Reason item(s) are being removed from inventory (traded in, stolen, transferred to surplus property)

IF AN ITEM SIMPLY CANNOT BE LOCATED, LIST THE INVENTORY CONTROL NUMBER AND DESCRIBE BRIEFLY WHAT HAS BEEN DONE TO LOCATE THE PARTICULAR ITEM(S).

Principal/Dept.Head _____
Signature

RETURN COMPLETED FORM TO THE PURCHASING OFFICE