

HILLSBORO CITY SCHOOL DISTRICT

338 West Main Street

Hillsboro, OH 45133

INVENTORY/FIXED ASSETS DISPOSALS FORM

TO BE COMPLETED BY TEACHER/STAFF

DATE _____ QUANTITY _____ TAG #'s _____

COMPLETE DESCRIPTION: _____

ACCESSORIES: _____

SERIAL #: _____ MODEL #: _____

REPLACEMENT VALUE: _____

CONDITION: _____

DISPOSAL METHOD RECOMMENDED:

HOLD FOR RESALE _____ HOLDING LOCATION: _____

TRASH _____ ITEM STOLEN _____

IF STOLEN, REPORTED TO ADMINISTRATION _____ DATE REPORTED _____

BUILDING: _____ ROOM #: _____ TEACHER/STAFF _____

AUTHORIZATION/VERIFICATION

APPROVAL OF PRINCIPAL OR DEPT. HEAD

TODAY'S DATE

SIGNATURE OF PERSON COMPLETING DISPOSAL

DISPOSAL DATE

PLEASE COMPLETE AND RETURN TO TREASURER'S OFFICE WITHIN 2 WEEKS. THANK YOU