

CARRIZO SPRINGS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

***** SURPLUS PROPERTY FORM *****

- ☐ **DELETION** (item has no value)
- ☐ **TRANSFER** (to another employee, campus, or department)
- ☐ **DISPOSAL** (has value but no longer needed by campus/district)

EMPLOYEE NAME: _____

CAMPUS: _____

DEPT: _____

No.	ROOM #	ITEM DESCRIPTION	SERIAL #	SCHOOL TAG #	Est. Value	CONDITION
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
APPROVAL FOR TRANSFERS ONLY			APPROVAL FOR DELETION/TRANSFER/DISPOSALS			
TRANSFER TO DEPT/CAMPUS:			REQUESTED BY:			
EMPLOYEE RECEIVING ITEMS:			REQUESTED BY:			
PRINCIPAL/DIRECTOR:			PRINCIPAL/DIRECTOR:			
MAINT DEPT ONLY:			BUSINESS MANAGER:			
			SUPERINTENDENT (Board Disposal Only):			