

Property & Equipment Disposition Form

Instructions: Use this form to record lost, relocated, stolen or any disposed property or equipment. Use a separate form for each item. Return completed form to the Business Office (Attn: Mary Schallehn).

PROPERTY IDENTIFICATION			
Item Description:	Cafeteria Tables		Today's Date: 2/4/25
Manufacturer:	SICO		Model: ??
Serial/Service Tag #:		Notes:	
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent		
	☐ Other:		
Fixed Asset Tag #:	004438, 003340, 004427, 003341, 010295, 010298		

PROPERTY STATUS (Disposed, Relocated, Lost or Stolen)			
DISPOSAL	Date of Disposal:	2/4/25	Approved By: Justin Yerdon
Reason for Disposal:	Old and Broken, replacements have arrived		
Pickup Location:	Wood Road/Milton Terrace		
RELOCATION	Date Relocated:		Approved By:
Removed from:	Building:		Room:
	Department:		Owner:
Relocated to:	Building:		Room:
	Department:		Owner:
LOST / STOLEN	Date Reported to Fixed Asset Manager:		

BUSINESS OFFICE USE ONLY			
Received By:		Date:	
Supervisor Signature:		Date:	

Property & Equipment Disposition Form

Instructions: Use this form to record lost, relocated, stolen or any disposed property or equipment. Use a separate form for each item. Return completed form to the Business Office (Attn: Mary Schallehn).

PROPERTY IDENTIFICATION			
Item Description:	Cafeteria Tables		Today's Date: 2/5/25
Manufacturer:	??		Model: ??
Serial/Service Tag #:		Notes:	
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent		
	☐ Other:		
Fixed Asset Tag #:	000278, 000281, 000277, 3 tables without tags		

PROPERTY STATUS (Disposed, Relocated, Lost or Stolen)			
DISPOSAL	Date of Disposal:	2/5/25	Approved By: Justin Yerdon
Reason for Disposal:	Old and Broken, replacements have arrived		
Pickup Location:	Malta Ave		
RELOCATION	Date Relocated:		Approved By:
Removed from:	Building:		Room:
	Department:		Owner:
Relocated to:	Building:		Room:
	Department:		Owner:
LOST / STOLEN	Date Reported to Fixed Asset Manager:		

BUSINESS OFFICE USE ONLY			
Received By:		Date:	
Supervisor Signature:		Date:	