

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. attach a spreadsheet listing the items. Return completed form to the Business Office – Attn: Fixed Asset Manager.

| SECTION I PROPERTY IDENTIFICATION                            |                                                                                                                                                                  |              |                                                                       |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------|
| ITEM <u>Laminator</u>                                        |                                                                                                                                                                  |              |                                                                       |
| Asset tag number:                                            | <u>003565</u>                                                                                                                                                    | Building     | <u>Milton Terrace</u> Room #: <u>copy room</u>                        |
| Serial Number:                                               | <u>1042-0668</u>                                                                                                                                                 | Model:       | <u>27" DRYLAM SL 27</u>                                               |
| Equipment Condition:                                         | <input checked="" type="checkbox"/> Broken/Past Useful Life Cycle <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |              |                                                                       |
| Notes:                                                       | <u>The broken laminator is in the main office now.</u>                                                                                                           |              |                                                                       |
| Recommend Method of Disposal                                 | Donate      Sell      Auction      Trade-in <u>Junk</u>                                                                                                          |              |                                                                       |
| Print Name:                                                  | <u>Kim Cassin</u>                                                                                                                                                | Date:        | <u>3/21/25</u>                                                        |
|                                                              |                                                                                                                                                                  |              |                                                                       |
| SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS) |                                                                                                                                                                  |              |                                                                       |
| Sent to the BOE:                                             | YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                         | Approved:    | YES <input type="checkbox"/> NO <input type="checkbox"/> Resolution # |
| DISPOSAL                                                     |                                                                                                                                                                  |              |                                                                       |
| Reason for Disposal:                                         |                                                                                                                                                                  |              |                                                                       |
| Pickup Location:                                             | Print:                                                                                                                                                           | Signature:   |                                                                       |
| Person who pickup/disposed of property:                      |                                                                                                                                                                  |              |                                                                       |
| 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:        |                                                                       |