

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 1 PROPERTY IDENTIFICATION					
ITEM <i>Photocopier</i>					
Asset tag number:	<i>005806</i>	Building	<i>DO</i>	Room #:	<i>mail Room</i>
Serial Number:	<i>WFL-01194</i>		Model:	<i>7580</i>	
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent				
Notes:	<i>Canon</i>				
Recommend Method of Disposal	Donate Sell Auction Trade-in Junk				
Print Name:	<i>Lathi Cunniff</i>		Date:	<i>4/8/25</i>	
SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS)					
Sent to the BOE:		YES ☐ NO ☐		Approved: YES ☐ NO ☐ Resolution #	
DISPOSAL					
Reason for Disposal:					
Pickup Location:	Print:		Signature:		
Person who pickup/disposed of property:					
RELOCATION					
Removed from:	Date Relocated:		Approved By:		
	Building:		Room:		
Relocated to:	Department:		Owner:		
	Building:		Room:		
	Department:		Owner:		
LOST / STOLEN					
Date Reported to Fixed Asset Manager:					
BUSINESS OFFICE USE ONLY					
Received By:				Date:	
Supervisor Signature:				Date:	

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SECTION I PROPERTY IDENTIFICATION					
ITEM <i>Photocopier</i>					
Asset tag number:	<i>005811</i>	Building	<i>DO</i>	Room #:	<i>HR</i>
Serial Number:	<i>UMV-03528</i>			Model:	<i>4545i</i>
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent				
Notes:	<i>Canon</i>				
Recommend Method of Disposal	Donate Sell Auction Trade-in Junk				
Print Name:	<i>Letti Cunniff</i>		Date: <i>4/8/25</i>		
SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS)					
Sent to the BOE:		YES ☐ NO ☐		Approved: YES ☐ NO ☐ Resolution #	
DISPOSAL					
Reason for Disposal:					
Pickup Location:	Print:		Signature:		
Person who pickup/disposed of property:					
RELOCATION					
Removed from:	Date Relocated:		Approved By:		
	Building:		Room:		
Relocated to:	Department:		Owner:		
	Building:		Room:		
Relocated to:	Department:		Owner:		
LOST / STOLEN					
Date Reported to Fixed Asset Manager:					
BUSINESS OFFICE USE ONLY					
Received By:				Date:	
Supervisor Signature:				Date:	