Ballston Spa Office of Business & Support Services

CENTRAL SCHOOL DISTRICT

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:	boxzy 3d printer/laser/cnc			**Today's Date:**	430
Manufacturer:	BOXZY			**Model:**	
Serial/Service Tag #:		**Notes:**	works but weve ugraded .		
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☒ Good ☐ Excellent				
	☐ Other:				
Fixed Asset Tag #:	005788				

PROPERTY STATUS (Disposed, Relocated, Lost or Stolen)				
DISPOSAL	Date of Disposal:		Approved By:	
Reason for Disposal:				
Pickup Location:				
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:	5/1/25
Supervisor Signature:		Date:	

Rev: 05/2014

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PROPERTY IDENTIFICATION			
Item Description:	delta scroll saw	**Today's Date:**	4/29
Manufacturer:	delta	**Model:**	
Serial/Service Tag #:	039519 q	**Notes:**	in 517 under back table window side
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent		
	☐ Other:		
Fixed Asset Tag #:	003332		

PROPERTY STATUS (Disposed, Relocated, Lost or Stolen)				
DISPOSAL	Date of Disposal:		Approved By:	
Reason for Disposal:				
Pickup Location:	517			
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:	[signature]	Date:	5/1/25
Supervisor Signature:		Date:	

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PROPERTY IDENTIFICATION			
Item Description:	delta scroll saw	**Today's Date:**	4/29
Manufacturer:	delta	**Model:**	40-540
Serial/Service Tag #:	none	**Notes:**	located in 517 back wall under table
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent		
	☐ Other:		
Fixed Asset Tag #:	none		

PROPERTY STATUS (Disposed, Relocated, Lost or Stolen)				
DISPOSAL	Date of Disposal:		Approved By:	
Reason for Disposal:				
Pickup Location:	517			
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:	Kerriff	Date:	5/1/25
Supervisor Signature:		Date:	

Rev: 05/2014