Ballston Spa
CENTRAL SCHOOL DISTRICT

Educating Everyone Takes Everyone

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: District AED					
Asset tag number:	**4937**	**Building**	**WR**	**Room #:**	Lobby
Serial Number:	A15H- 01236			**Model:**	M5066A
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent				
Notes:					
Recommend Method of Disposal	**Donate Sell Auction Trade-in Junk**				
Print Name: Colleen Ferlo		**Date: 5/27/2025**			

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	**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:	

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SECTION 1 PROPERTY IDENTIFICATION					
ITEM: District AED					
Asset tag number:	**4939**	**Building**	**MS**	**Room #:**	Lobby
Serial Number:	A15F- 10602			**Model:**	M5066A
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent				
Notes:					
Recommend Method of Disposal	**Donate Sell Auction Trade-in Junk**				
Print Name: Colleen Ferlo		**Date: 5/27/2025**			

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	**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			
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SECTION 1 PROPERTY IDENTIFICATION					
ITEM: District AED					
Asset tag number:	**4940**	**Building**	**MA**	**Room #:**	Lobby
Serial Number:	A15F- 09644			**Model:**	M5066A
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent				
Notes:					
Recommend Method of Disposal	**Donate Sell Auction Trade-in Junk**				
Print Name: Colleen Ferlo		**Date: 5/27/2025**			

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	**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:	

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SECTION 1 PROPERTY IDENTIFICATION					
ITEM: District AED					
Asset tag number:	**4938**	**Building**	**HS**	**Room #:**	Lobby
Serial Number:	A15F- 10599			**Model:**	M5066A
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent				
Notes:					
Recommend Method of Disposal	**Donate Sell Auction Trade-in Junk**				
Print Name: Colleen Ferlo		**Date: 5/27/2025**			

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	**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:	

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SECTION 1 PROPERTY IDENTIFICATION					
ITEM: District AED					
Asset tag number:	**4852**	**Building**	**Athletics**	**Room #:**	
Serial Number:	A15H- 02166			**Model:**	M5066A
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent				
Notes:					
Recommend Method of Disposal	**Donate Sell Auction Trade-in Junk**				
Print Name: Colleen Ferlo		**Date: 5/27/2025**			

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	**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:	

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SECTION 1 PROPERTY IDENTIFICATION					
ITEM: District AED					
Asset tag number:	**4851**	**Building**	**Athletics**	**Room #:**	
Serial Number:	A15H- 02145			**Model:**	M5066A
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent				
Notes:					
Recommend Method of Disposal	**Donate Sell Auction Trade-in Junk**				
Print Name: Colleen Ferlo		**Date: 5/27/2025**			

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	**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:	