

## 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 Overhead Projector                                      |                                                                                                                                                                  |                              |                             |               |                                                          |              |
| Asset tag number:                                            | 007240                                                                                                                                                           | Building                     | High School                 | Room #:       | 337                                                      |              |
| Serial Number:                                               | 521005B010706396                                                                                                                                                 |                              | Model:                      | 9014ED        |                                                          |              |
| Equipment Condition:                                         | <input checked="" type="checkbox"/> Broken/Past Useful Life Cycle <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |                              |                             |               |                                                          |              |
| Notes:                                                       | No longer used in classroom                                                                                                                                      |                              |                             |               |                                                          |              |
| Recommend Method of Disposal                                 | Donate      Sell      Auction      Trade-in <u>(Junk)</u>                                                                                                        |                              |                             |               |                                                          |              |
| Print Name:                                                  | Linda McIntyre                                                                                                                                                   |                              | Date:                       | June 18, 2025 |                                                          |              |
|                                                              |                                                                                                                                                                  |                              |                             |               |                                                          |              |
| 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                                                   |                                                                                                                                                                  |                              |                             |               |                                                          |              |
| 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: |  |