

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 Vehicle - Bus # 326				
Asset tag number:	006712	Building	Trans	Room #: 0040
Serial Number:	40ZABRDT4ECTFS8541		Model:	CA-310TS
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent			
Notes:	make: Thomas			
Recommend Method of Disposal	Donate Sell Auction Trade-in Junk			
Print Name:	Patti Cunneiff		Date:	6/23/25
SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS)				
Sent to the BOE: 6/25 YES ☒ NO ☐		Approved: YES ☐ NO ☐		Resolution #
DISPOSAL				
Reason for Disposal:	Past Useful life			
Pickup Location:	Print: Trans	Signature: P. Cunneiff		
Person who pickup/dispensed 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:	John Fay	Date:	6/13/25
Supervisor Signature:		Date:	

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SECTION 1 PROPERTY IDENTIFICATION					
ITEM Vehicle - Bus #309					
Asset tag number:	006311	Building	Trans.	Room #:	004D.
Serial Number:	4UZA BROT10LFB 1884			Model:	ca
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent				
Notes:	make: Thomas				
Recommend Method of Disposal	Donate Sell Auction Trade-in Junk				
Print Name:	Patti Cunniff		Date:	6/13/25	
SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS)					
Sent to the BOE: 6/25		YES ☒	NO ☐	Approved:	YES ☐ NO ☐ Resolution #
DISPOSAL					
Reason for Disposal:		Past useful life			
Pickup Location:	Print: Trans.	Signature: P. Cunniff			
Person who pickup/dispensed 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:	John Fay			Date:	6/13/25
Supervisor Signature:				Date:	