# SOUTH BEND COMMUNITY SCHOOL CORPORATION

## Asset Disposition Form

Must follow all protocol in the Internal Controls Manual.
Form to be filled out by disposing school/department.

School / Department Name: _____ Contact Name & Number: _____

| Disposal Type # (see below) | Asset Tag # ($5k or more) | Asset Description (1 item per line if $5k or more) | Serial/VIN # (if $5k or more) | Original Location (within school/department) | Transferred to Location (if applicable) | Date of Disposition |
|---|---|---|---|---|---|---|
| 4 | 012234 | Freezer | 1234567890 | Kitchen | n/a | 6/30/2025 |
| 2 | N/A | 5 student chairs | N/A | Classroom 123 | n/a | 7/25/2025 |
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**Disposal Type #s:**

1) Obsolete
2) Damaged Beyond Economical Repair
3) Usable, Needs Repaired
4) Irreparable
5) Scrap
6) Sold (attach copy of check)
7) Traded In (include PO of new asset)
8) Transferred to Different Building/Dept.

Processed by: _____ Signature: _____ Date: _____

Supervisor Approval: _____ Signature: _____ Date: _____

**Submit copies of the completed form & supporting documents to:** (1) Executive Director of Facility and Grounds, (2)Internal Auditor