

### 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:       | Chicken Brooder                                                                                                                                                                                                                                                           |        | Today's Date: 10/1/2025 |
| Manufacturer:           | DuMor                                                                                                                                                                                                                                                                     |        | Model:                  |
| Serial/Service Tag #:   |                                                                                                                                                                                                                                                                           | Notes: |                         |
| Equipment Condition:    | <input type="checkbox"/> Broken/Past Useful Life Cycle <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Good <input type="checkbox"/> Excellent<br><input checked="" type="checkbox"/> Other: What this was used for is no longer part of the curriculum |        |                         |
| Fixed Asset Tag #:      | There are multiple tags - 001108, 010065, 001764                                                                                                                                                                                                                          |        |                         |

| 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:                             | Middle School | Room:        | 403 |
|                                                       | Department:                           | Science       | 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: |  |