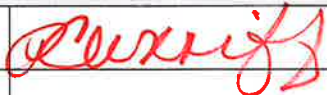


Property & Equipment Disposition Form

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:	Three AED Units		Today's Date: 10/8/2025
Manufacturer:	Philips		Model: Heartstart
Serial/Service Tag #:	A161-03641, A16J-08633, A161-037	Notes:	
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent ☐ Other:		
Fixed Asset Tag #:	5674, 5675, 5676		

PROPERTY STATUS (Disposed, Relocated, Lost or Stolen)			
DISPOSAL	Date of Disposal:		Approved By:
Reason for Disposal:	Past useful life		
Pickup Location:	Colleen Ferlo's office		
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:	10.14.25
Supervisor Signature:		Date:	

BOE-1115

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 Victory 2 door Reach in Cooler			
Asset tag number:	000706 (Newest Tag) 001273 1742	Building Milton Terrace	Room #: MT Serving line WR/MT Kitchen
Serial Number:	D9826402 (d as in dog)	Model:	RS-2D-S7
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent		
Notes:	The evaporator coil has a hole/leak in the middle of it. The unit is roughly 27 yrs old		
Recommend Method of Disposal	Donate Sell Auction Trade-in (Junk)		
Print Name:	Todd Fecura		Date: 10/24/2025
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/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:		Date:	
Supervisor Signature:		Date:	