

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:	Floor Scrubber	Today's Date:	3/25/26
Manufacturer:	Viper	Model:	___OP
Serial/Service Tag #:	__N1720P-06439	Notes:	Missing the beginning of the model & serial numbers
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent		
	☐ Other:		
Fixed Asset Tag #:	004138		

PROPERTY STATUS (Disposed, Relocated, Lost or Stolen)			
DISPOSAL	Date of Disposal:	4/2/26	Approved By: Justin Yerdon
Reason for Disposal:	Broken and beyond useful life span		
Pickup Location:	Grounds Shop		
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:	
Supervisor Signature:		Date:	

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:	Walk Behind Floor Scrubber		Today's Date: 3/27/26
Manufacturer:	Advance		Model: X20-R
Serial/Service Tag #:	3510123300954	Notes:	
Equipment Condition:	☒ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent		
	☐ Other:		
Fixed Asset Tag #:	006456		

PROPERTY STATUS (Disposed, Relocated, Lost or Stolen)			
DISPOSAL	Date of Disposal:	4/2/26	Approved By: Justin Yerdon
Reason for Disposal:	broken and not worth repairing		
Pickup Location:	Middle School		
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:	
Supervisor Signature:		Date:	