Ballston Spa
CENTRAL SCHOOL DISTRICT

Educating Everyone Takes Everyone

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	Bus lift – Mohawk				
Asset tag number:	004268	**Building**	Trans	**Room #:**	Garage
Serial Number:				**Model:**	Mohawk lift
Equipment Condition:	☑ Broken/Past Useful Life Cycle ☐ Fair ☐ Good ☐ Excellent				
Notes:	Failed NYS Inspection				
Recommend Method of Disposal	**Donate** **Sell** **Auction** **Trade-in** **Junk**				
Print Name: John Fay		**Date:** 10/19/26			

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/disposed of property:					
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:	

Rev: 12/2024

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SECTION 1 PROPERTY IDENTIFICATION					
ITEM					
Asset tag number:	004841	Building	DO	Room #:	HR office
Serial Number:				Model:	
Equipment Condition:	☒ Broken/Past Useful Life Cycle	☐ Fair	☐ Good	☐ Excellent	
Notes:	Desk is being replaced				
Recommend Method of Disposal	Donate	Sell	Auction	Trade-in	Junk
Print Name:	Lori Natale	Date:	10/19/2026		

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/disposed of property:				

RELOCATION				
Removed from:	Date Relocated:		Approved By:	
	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:	