FIXED ASSET DISPOSAL

TO BE COMPLETED AT TIME OF DISPOSAL
ONE ITEM PER FORM

ASSET NUMBER: __________________________ ASSET PURCHASE DATE: __________________________

SCHOOL/LOCATION: __________________________________________________________

ITEM DESCRIPTION: __________________________________________________________

SERIAL NUMBER: __________________________________________________________

CONDITION: Excellent ___ Good ___ Fair ___ Poor ___

RECOMMENDED METHOD OF DISPOSAL: (CIRCLE ONE)

1. SOLD
2. JUNKED
3. LOST
4. STOLEN
5. DESTROYED IN CATASTROPHE
6. RETURNED FOR CREDIT

DETAILED REASONING FOR DISPOSAL OF ITEM:

________________________________________________________________________

________________________________________________________________________

SIGNATURE: ___________________________ Teacher/Staff Member ___________________________ Date

SIGNATURE: ___________________________ Fixed Asset Contact for Location ___________________________ Date

SIGNATURE: ___________________________ Principal/Supervisor ___________________________ Date

DATE OF APPROVAL BY SCHOOL BOARD: __________________________

AMOUNT OF SALE: __________________________

SIGNATURE & DATE OF ACTUAL DISPOSAL: __________________________

METHOD OF DISPOSAL: __________________________

APPROVED BY: ___________________________ SCHOOL DISTRICT BUSINESS ADMINISTRATOR

ALL ASSETS APPROVED FOR DISPOSAL MUST BE VIEWED BY THE SCHOOL DISTRICT BUSINESS ADMINISTRATOR OR DESIGNEE BEFORE DISCARDING.

FORM FA-2

Revised August 4, 2016