

ASSET DISPOSITION FORM
??? CENTRAL SCHOOL DISTRICT

Your Name	
Your Department	
Phone Number/Extension	
Where is Asset Located	
Manufacturer Of Asset	
Model Number	
Serial Number	
Asset Tag Number	
Recommended Disposition	Auction, Item has Resale Value
	Scrapped, Item is Broken or Damaged
	Other:
Date of Request	
Requester's Signature	

Information below if to be completed by Asset Manager

Date Submitted for Approval	
Board Approval Required?	
Disposition Approval Date	