

Central Consolidated School District

REQUEST FOR AUTHORIZATION TO DISPOSE OF PROPERTY

SCHOOL:				Department:			
CHECK ONE:	TRADE-IN	SALE	LOSS	TRANSFER	OTHER		
From:				To:			
Tag No.		(Include Model mber)	Serial No.	Date Acquired	Recorded Cost/Value	Sale/Trade-in Amount	
Reason for D	isposition:					1	
Department Head/Principal Signature						Date	
Board Authorized Agent Signature						Date	
		Board Appro	ved Date				
PED Approval Date, if applicable							
	SAO A	Approval Date, if a	pplicable				
	rom capital asse wardship listing			Date _			