



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.	Description (Include Model Number)	Serial No.	Date Acquired	Recorded Cost/Value	Sale/Trade-in Amount

Reason for Disposition: _____

Department Head/Principal Signature _____ Date _____

Received / Picked Up By Warehouse: _____ Date _____

Work Order Number: _____

Added to Board Approval List: _____

Board Approved Date: _____

Deleted from Inventory
Asset Listing: _____ Date _____