



**Asset Disposal Form**

Person Requesting Disposal: \_\_\_\_\_

Asset being disposed from: \_\_\_\_\_

Asset Tag Number:

Asset Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Sold, amount received: \_\_\_\_\_

Reason for Disposal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved:

Disapproved:

\_\_\_\_\_

\_\_\_\_\_

Superintendent Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Please make sure that treasurer receives a copy of this form.