

## **Disposal/Transfer Form**

Contact:			Phone #: x			Date:				
School/Site:		Building:		Room:			Department/Grade Level:			
Disposal?   Tran		Transfer?	P 🗌	Transfer From:			Transfer To:			
Reason for I	Disposal or Transfe	r:								
						For Fixed Asset Use				
Asset Tag # Description N		lodel # Serial #		Qty	PO#		Cost	In Service	Date	
<b>Technology Preparation for Disposal:</b> If an asset has the ability to store data the Technology Department shall complete the following: I hereby certify that the information storage media contained within the asset(s) identified above has been sanitized or scrubbed.										
Technology Department, Printed Name			Signature			Date				
Disposition: a) Dispose □			b) Inventory Adjust $\square$			c) Loss $\square$				
d) Sale □		e) Trade-In 🗆			f) Tra	f) Transfer $\square$				
	g) Other $\square$									
 Principal/Director, Printed Name			Signature			 Date				
Isela Brown										
Board Authorized Agent, Printed Name			Signature			Date				
Cliff Ma	arsom				_					_
Fixed Asset System, Printed Name			Signature			Date				