DISPOSAL OF FIXED ASSETS FORM
(Please fill in all relevant sections)

Division: ________________________________
Department: ________________________________
Disposal Requested By: ________________________________
Location of Asset: ________________________________
Item Description: ________________________________
Serial or VIN #: ________________________________
Is the asset being transferred? If so:
To Department: ________________________________
Building: ________________________________
Location: ________________________________
Receipt of Asset Approved by: ________________________________
Reason for Disposition: ________________________________
Disposal Date: ________________________________
Condition of Item: ________________________________
Disposition of Item (Explain if traded, salvaged or sold – include name of Division, Department, Or Company):
Traded___ Salvaged___ Sold___ Transferred___ Donated___
Where Item was transferred: ________________________________
Explain: ________________________________
Value if so or traded: $ ______   Salvage cost: $ ______
Name of Vendor: ________________________________
Purchase Date: _____________ Installation Date: _____________

Approved by: ________________________________  Date

Department Head

Completed: ________________________________  Date

Leech Lake Band Property Manager

Created 8/3/16   JJ property Manager