

John Johnson

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? I	If so:		
To Department:			
Building:			_
Location:			
Receipt of Asset Approved by: _			
Reason for Disposition:			
Disposal Date:			
Condition of Item:			
Disposition of Item (Explain if t	raded, salvaged or s	old – include	name of Division,
Department. Or Company):			
Traded Salvaged Sold_	Transferred	Donated	
Where Item was transferred:			
Explain:			<u>-</u>
Value if so or traded: \$	_ Salvage cost: \$		_
Name of Vendor:			=
Purchase Date:	_ Installation Date: _		_
Approved by:			
	Department Head	Date	
Completed			
Completea:	ke Band Property Manager	 Date	
	ne zana i reperty manager	2400	