



UNION COUNTY SCHOOL DISTRICT

Building The Future One Child At A Time

DISPOSAL OF CAPITAL ASSET FORM

TO: Union County School Board

TEACHER: _____ SCHOOL: _____ ROOM NO. ____

It is requested that the following item(s) for which I am currently responsible be disposed of by means of:
_____ sell _____ destroy _____ donate _____ recycle.

Description	Tag No.	Serial No.	Brand Name	Date Purchased	Cost/Value

=====

Briefly state the condition at the time of disposal:

I request the disposal of the above inventory item(s).

Teacher/Employee Signature

Date

Principal's Signature

Date

Note: Please send this form to the Superintendent's Office.

Superintendent's Signature

Date

Recorded in the minutes of the Union County Board of Education on ____ day of _____,
_____.

President, Union County Board of Education

Date

Attach documents: Bill of Sale, Receipts for donation, recycling, etc.