Location/Department:

INDIANOLA PUBLIC SCHOOL DISTIRCT
REQUEST FOR
FIXED ASSET REMOVAL/DISPOSAL FROM RECORD FORM

ASSET NUMBER	DESCRIPTION	SERIAL NUMBER	DATE PURCHASED	REASON FOR DISPOSAL	FUNDING SOURCE (Fund & Function)	COST

PRINCIPAL/DIRECTOR _____ Date _____

TECHNOLOGY COORDINATOR _____ Date _____

Note…in order to disposed of computers, the harddrive must be erased or removed. (circle one) Has this been done? _____

Who performed this function and date? _____

FIXED ASSET PERSONNEL _____ Date _____

SUPERINTENDENT _____ Date _____

BUSINESS MANAGER _____ Date _____

DATE BOARD APPROVED _____ (attach a copy of board approval)

Date asset was disposed: _____

Disposal confirmed by: _____

Asset ledger updated by and date: _____

Print report and provided to BM. BM reviewed report and date: _____