

Parkrose School District #3

REQUEST FOR DISPOSAL OF CAPITAL ASSET ITEMS							
Name of Individual Requesting Disposition:		Building:			Location of Items:		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Christine Blouke	All						Disposal: Please Indicate Method
						Total Cost	Selling: Competitive Bid Process
	District	Date	Purchase	Replacement		of Disposition	Donation: List Organization
Description of Property including Brand & Serial #	Tag #	Acquired	Price	Price	Qty	(5) x (6)	Other: List Means and/or Place
See Attached -- various texts							BudgetText
<b>Total Items and Cost of Disposal:</b>							
<b>Required Signatures (if applicable)</b>							
<b>Principal:</b>			<b>Date Approved:</b>				
Technology: Christine Blouke			Date Approved: 7/13/2010				
Request Approved? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Date Approved:		Approved By: /s/ Christine Blouke		
<b>*If denied, recommended action:</b>							
To Operations for Equipment Removal			Date:				
To District Office to Remove from Inventory			Date:				

Please forward white and yellow copies to District Office for Board Approval. Pink copy for your file.