

Parkrose School District #3

SUBMITTED BY: MARY LARSON	(✓)	DATE 9/22/08
APPROVED BY: Building Administrator	()	
Superintendent Karen Gray	(X)	9/22/08
Director of Business Services Mary Larson	(X)	9/22/08

TOPIC: DISPOSAL OF SURPLUS PROPERTY

PURPOSE OF AGENDA ITEM: [Why are you asking for Board review]:

Information ____ Policy Change _____ Action/Approval X Presentation/Special Request _____

BACKGROUND: Attachments: Y X N _____ **LIST:** REQUEST FOR DISPOSAL OF ITEMS

RATIONALE/DISCUSSION:

Attached is a listing of surplus property from Sacramento School and Parkrose Middle School. The items are no longer usable. Upon board approval, the items will be disposed of.

FINANCIAL IMPLICATIONS:

There could be a minimal revenue source if any of the listed equipment can be sold. Any revenue received will be credited to the General Fund under Miscellaneous Revenue.

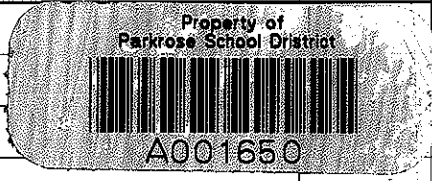
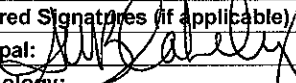
RELATION TO GOALS:

This request for action is in accordance with Parkrose School District Policy DN and Administrative Rule DN-AR.

ACTION REQUESTED:

Board approval to declare the attached list of property to be disposed of as prescribed in Policy DN.

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REQUEST FOR DISPOSAL OF CAPITAL ASSET ITEMS							
Name of Individual Requesting Disposition:		Building:			Location of Items:		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
ALVIN D Moore							Disposal: Please Indicate Method
							Selling: Competitive Bid Process
	District	Date	Purchase	Replacement		Total Cost	Donation: List Organization
Description of Property including Brand & Serial #	Tag #	Acquired	Price	Price	Qty	of Disposition (5) x (6)	Other: List Means and/or Place
OLD DESK							TRASH
							
Total Items and Cost of Disposal: 0							
Required Signatures (if applicable)							
Principal: 				Date Approved:			
Technology:				Date Approved:			
Request Approved? Yes <input type="checkbox"/> No <input type="checkbox"/>				Date Approved:		Approved By:	
*If denied, recommended action:							
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.

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REQUEST FOR DISPOSAL OF CAPITAL ASSET ITEMS							
Name of Individual Requesting Disposition:			Building:			Location of Items:	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
CLAUDE PETERSON							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
200 discarded books			\$1,000	\$1,000	200		
Total Items and Cost of Disposal:							
Required Signatures (if applicable)							
Principal: Ana A. Gomez			Date Approved: 9/10/04				
Technology:			Date Approved:				
Request Approved? Yes ___ No ___			Date Approved:		Approved By:		
*If denied, recommended action:							
To Operations for Equipment Removal			Date:				
To District Office to Remove from Inventory			Date:				

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