REQUEST FOR DISPOSAL OF CAPITAL ASSET ITEMS							
Name of Individual Requesting Disposition: ToM	Duff	cshe	Building:	Prescot.	+	Location of I	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
							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
Removal of Chairs					200	1	Prescott Gyan
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Total Items and Cost of Disposal:				:			
Required Signatures (if applicable)		C 4					
Principal:	Date Approved:						
Technology:	Date Approved:						
Request Approved? Yes No	Date Approved: 1/34/15 Approved By:						
*If denied, recommended action:							
To Operations for Equipment Removal	Date:						
To District Office to Remove from Inventory	Date:					w	