Parkrose School District #3

REQUEST FOR DISPOSAL OF CAPITAL ASSET ITEMS								
(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	
Please see attached							Goodwill for donation and recycling	
Total Items and Cost of Disposal:								
Required Signatures (if applicable)					<u> </u>		1	
Principal:	Date Approved:							
Technology:	Date Approved:							
Request Approved? Yes No		Date Approved: Approved By:						
*If denied, recommended action:	1							
To Operations for Equipment Removal	Date:	Date:						
To District Office to Remove from Inventory		Date:						
Date.								