

## REQUEST FOR DISPOSAL OF CAPITAL ASSET ITEMS

Name of Individual Requesting Disposition:			Building:			Location of Items:	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Description of Property including Brand & Serial #	District	Date	Purchase	Replacement	Total Cost of Disposition	Disposal: Please Indicate Method	
	Tag #	Acquired	Price	Price	Qty	(5) x (6)	Other: List Means and/or Place
#64 Small bus Girardin/Ford #D624283	#A010323	2007	\$55,365.00		1		
#23 Big bus Bluebird #F421229	#A012135	2012	\$ 124,595.00		1		
#24 Big bus Bluebird #F435104	#A014013	2014	\$ 99,980.00		1		

Total Items and Cost of Disposal:

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Required Signatures (if applicable)

Principal:

Date Approved:

Technology:

Date Approved:

Request Approved? Yes\_\_\_\_\_ No\_\_ Date Approved:

Approved By:

*Sharie Lewis, CPA*

\*If denied, recommended action:

To Operations for Equipment Removal Date:

To District Office to Remove from Inver Date: