

REQUEST FOR DISPOSAL OF CAPITAL ASSET ITEMS

Name of Individual Requesting Disposition:		Building: <u>Russell</u>			Location of Items: <u>Room 1</u>		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<u>Kathy Keim Robinson</u>					Total Cost of Disposition		Disposal: Please Indicate Method
Description of Property including Brand & Serial #		District Tag #	Date Acquired	Purchase Price	Replacement Price	Qty (5) x (6)	Selling: Competitive Bid Process Donation: List Organization Other: List Means and/or Place
<u>Invacare - Power Wheelchair</u> <u>10DE003334</u>			<u>4/20/13</u>	<u>\$500</u>			
Total Items and Cost of Disposal:							
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.