

Aug. 22nd Board Mtg.

Parkrose School District #3

REQUEST FOR DISPOSAL OF CAPITAL ASSET ITEMS							
Name of Individual Requesting Disposition: TOM DUFRESNE		Building: H.S shell-out		Location of Items: #5 shell-out			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Description of Property including Brand & Serial #	District Tag #	Date Acquired	Purchase Price	Replacement Price	Qty	Total Cost of Disposition (5) x (6)	Disposal: Please Indicate Method
							Other: List Means and/or Place
Acoustial boards					10		
Rolling CARTS					16		
Filing Cabinets					36		
Paper towel disp.					32		
Desk / Partition					14		
Square table damaged					6		
Jr. High tables					5		
Single computer desk					10		
A frame / holder					1		
TV Hanger / frame					8		
Single student desk					120		
wooden chairs					2		
Total Items and Cost of Disposal:							
Required Signatures (if applicable) [Signature]							
Principal:		Date Approved:					
Technology:		Date Approved:					
Request Approved? Yes _____ No _____		Date Approved:		Approved By: [Signature]		8/2/16	
*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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Elementary Strg

Strg

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