

REQUEST FOR DISPOSAL OF CAPITAL ASSET ITEMS

Name of Individual Requesting Disposition: *Tom Dufresne* Building: *Sacramento* Location of Items: *MPR*

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
							Disposal: Please Indicate Method
							Total Cost
							Selling: Competitive Bid Process
							Donation: List Organization
							Other: List Means and/or Place
Description of Property including Brand & Serial #	District Tag #	Date Acquired	Purchase Price	Replacement Price	Qty	(5) x (6)	
<i>Small wood chairs</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>		<i>35</i>		
<i>Medium chairs</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>		<i>15</i>		
<i>Round tables</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>		<i>5</i>		
<i>Square tables</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>		<i>5</i>		

Total Items and Cost of Disposal:

Required Signatures (if applicable) *Tom Dufresne*

Principal: _____ Date Approved: _____

Technology: _____ Date Approved: _____

Request Approved? Yes No Date Approved: _____ Approved By: *[Signature]* *4/18/17*

*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.