

Parkrose School District #3

Agenda Item # _____

SUBMITTED BY: MARY LARSON	(✓)	DATE 6/22/15
APPROVED BY: Building Administrator	()	
Superintendent Karen Gray	(X)	6/22/15
Director of Business Services Mary Larson	(X)	6/22/15

TOPIC: DISPOSAL OF SURPLUS PROPERTY

PURPOSE OF AGENDA ITEM: [Why are you asking for Board review]:

Information ___ Policy Change ___ Action/Approval X Presentation/Special Request ___

BACKGROUND: Attachments: Y X N ___ **LIST:** REQUEST FOR DISPOSAL OF ITEMS

RATIONALE/DISCUSSION:

Attached is a listing of surplus property from Parkrose District Office. The items are no longer useable by the school. Upon board approval, the items will be disposed of.

FINANCIAL IMPLICATIONS:

There could be a minimal revenue source if the listed equipment is sold for resale. Any sales revenue will be part of the general fund.

RELATION TO GOALS:

This request for action is in accordance with Parkrose School District Policy DN and Administrative Rule DN-AR.

ACTION REQUESTED:

Board approval to declare the attached list of property to be disposed of as prescribed in Policy DN.

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REQUEST FOR DISPOSAL OF CAPITAL ASSET ITEMS							
Name of Individual Requesting Disposition: <u>Scott Wood</u>		Building: <u>DO</u>		Location of Items:			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
						Disposal: Please Indicate Method	
						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	Total Cost of Disposition (5) x (6)	
Old Board Tables	A000006				1	N/A	DISPOSAL
	A008031				1		
	NONE				1	↓	
Total Items and Cost of Disposal:							
Required Signatures (if applicable)							
Principal: _____				Date Approved: _____			
Technology: _____				Date Approved: _____			
Request Approved? Yes <u>_____</u> No <u>_____</u>				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.