

Fixed Asset Tag #:	School/Location:
Description:	
Manufacturer:	
Serial #:	
	<u>Transfer</u>
If school location changes, both pr	rincipals or appropriate administrators must sign below.
From:	To:
Present Location (School and Classroo	To: New Location (School and Classroom)
Date Signature	Date Signature
Ī	Disposition Request
We are requesting permission to di	ispose of the above item(s) because:
() Item is beyond repair/to be s	scrapped (list details of problem):
() Missing/Stolen (must be acc	companied by police report):
() Other (please describe):	
	Date Signature of Principal/Administrator
Tech Department Approval	
Approved by:	Date:
Central Office Use Only	
You have permission to dispose of	f or move the above item(s) in the following manner:
Approved by:	Date: