Colorado City School District

REQUEST FOR AUTHORIZATION TO DISPOSE OF EQUIPMENT

SCHOOL _____
DEPARTMENT _____

CHECK ONE: TRADE-IN ____ SALE ____ LOSS ____ TRANSFER ____ OTHER ____
FROM: _____ TO: _____
_____ _____
_____ _____

Tag No.	Description (Include Model Number)	Serial No.	Date Acquired	Recorded Cost/Value	Sale/Trade-in Amount

REASON FOR DISPOSITION: _____
_____
_____
_____

SIGNATURE _____ DATE_____
Department Head/Principal

SIGNATURE _____ DATE_____
Board Authorized Agent

Deleted from GFA listing by _____ DATE_____