

LICKING REGIONAL EDUCATIONAL SERVICE CENTER

FIXED ASSET DISPOSITION

Please fill out the top portion completely and forward to the Treasurer

Tag # _____ Model # _____ Serial # _____

Description of item: _____

Type of Inventory: _____ Equipment (03) _____ Furniture (03) _____ Vehicle (04)

Method of Disposal: _____ (1) Sold (SO) _____ (2) Lost/Mysterious Disappearance (MD)
_____ (3) Destroyed (DE) _____ (4) Trade-in (TI) _____ (5) Stolen (ST)
_____ (6) Donated (DO) _____ (7) Non-Repairable (NR)

If sold: _____ amount received

From: _____

Completed by: _____ Date: _____

Historical value/Original cost \$ _____ Acquisition Date _____

(Board approval required if cost exceeds \$ 1,000.00)

Fund _____ Function _____

Completed by: _____
Signature/Date

Authorized by: _____ Date: _____
Superintendent

If disposed of per Board approval:

Date of Board meeting: _____

Resolution # _____

Processed through system _____ Initials _____ Date _____