

# Fixed Asset Disposal Form

Name of Teacher \_\_\_\_\_

Name of School \_\_\_\_\_

Room Number \_\_\_\_\_

Date \_\_\_\_\_

The following equipment is not working and is not worth repairing.

Equipment (Type & Brand Name)	Asset Tag Number	Method of Disposal

Remove asset tag before disposal

*(attach fixed asset tags in this area)*

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date of Action by School Board

**Send to Staci Lewis, County Office.**