

LICKING COUNTY 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: \_\_\_\_\_  
County Superintendent

If disposed of per Board approval:

Date of Board meeting: \_\_\_\_\_

Resolution # \_\_\_\_\_

Processed through system \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_