

**SCOTTSBORO CITY SCHOOLS
FIXED ASSET TRANSFER OR DISPOSITION FORM**

Fixed Asset Decal #: _____ School/Location: _____

Description: _____

Manufacturer: _____

Model Number: _____ Serial Number: _____

TRANSFER

If school location changes, both principals or appropriate administrators must sign below.

From: _____ To: _____
Present Location (School or Classroom) New Location (School or Classroom)

Date Signature Date Signature

DISPOSITION REQUEST

We are requesting permission to dispose of the above item(s) because:

- () Item beyond repair/to be scrapped: _____
- () Missing/Stolen (must be accompanied by police report): _____
- () Other (please describe): _____

Date Principal's/Administrator's Signature

Central Office Use Only

You have permission to dispose of or remove the above item(s) in the following manner:

Approved by: _____
Date: _____