

Employee Name: _____



Attalla City Schools
Character. Commitment. Community.

101 Case Avenue SE | Attalla, AL 35954
P: 256-538-8051 | F: 256-538-8388

Fixed Asset Transfer or Disposition Form

This form **MUST** be completed prior to moving or disposing of any school or district purchased equipment or materials.

Asset Tag #:	School Name:
Item Description:	
Model Number:	Serial Number:

Transfer

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

From School or Classroom (Present Location)	
To School or Classroom	
Reason for Transfer	
Date	Signature of Administrator

Disposition Request

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

<input type="checkbox"/> Item beyond repair
<input type="checkbox"/> Missing or stolen (Police report attached, if needed)
<input type="checkbox"/> Other (Please provide an explanation)

Administrator Signature _____ Date _____

Central Office Use Only:

Funds used for original purchase: _____ PO Number: _____

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

Approval Signature _____ Date _____

CSFO Signature _____ Date _____