



Colorado City School District

REQUEST FOR AUTHORIZATION TO DISPOSE OF EQUIPMENT

SCHOOL _____

DEPARTMENT _____

CHECK ONE: TRADE-IN _____ SALE _____ LOSS _____ TRANSFER _____ OTHER _____

FROM: _____ TO: _____

Tag No.	Description (Include Model Number)	Serial No.	Date Acquired	Recorded Cost/Value	Sale/Trade- in Amount

REASON FOR DISPOSTION: _____

SIGNATURE _____

Department Head/Principal

DATE _____

SIGNATURE _____

Board Authorized Agent

DATE _____

Deleted from GFA listing by _____

DATE _____