



## INVENTORY/EQUIPMENT DISPOSAL OR TRANSFER FORM

\*Please provide as much information as possible\*

### INVENTORY/EQUIPMENT DISPOSAL REQUEST

Tag Number	Description Of Item	Manufacturer	Model	Serial Number	Is Item In Working Condition?	Reason For Disposal
					<input type="checkbox"/> Yes	
					<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	
					<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	
					<input type="checkbox"/> No	

**NOTE:** Please DO NOT dispose of any item or remove any bar code tags or any other identifying information until approvals by the Board & Chief Financial Officer have been obtained and you have been notified.

Requested By _____	Date _____	Department _____	Supervisor Approval _____	Date _____
Approved By: _____		Board Approval Date _____		
Chief Financial Officer				

### INVENTORY/EQUIPMENT TRANSFER REQUEST

\*Please provide as much information as possible\*

Tag Number	Description Of Item	Manufacturer	Model	Serial Number	Reason For Transfer	Location Building & Room #
						Old: _____
						New: Old: _____
						New: _____

**NOTE:** This form must be completed before any equipment or furniture with a cost of \$500.00 or greater is transferred to another location or classroom.

Requested By _____	Date _____	Department _____	Supervisor Approval _____	Date _____
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\*\*Please send this form to Karen Fagan, Chief Financial Officer, at the HFM BOCES Administrative Office.\*\*