



# INVENTORY/EQUIPMENT DISPOSAL OR TRANSFER FORM

Revised 7/18/24 LAE

\*Please provide as much information as possible\*

## DISPOSAL REQUEST

Tag Number	Description Of Item	Manufacturer	Model	Serial Number	Is Item in Working Condition?	Should the Item go to Auction?	Reason For Disposal
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**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: \_\_\_\_\_ Chief Financial Officer \_\_\_\_\_ Board Approval Date \_\_\_\_\_

## TRANSFER REQUEST

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 \_\_\_\_\_

\*\*Please send this form to Kathi Lewis, Chief Financial Officer, HFM BOCES Administrative Office.\*\*