



Union Public Schools

Transfer/Surplus/Disposal Form

ID # _____

REPORT OF EQUIPMENT TRANSFER, AND/OR DISPOSAL FORM

TO: Fixed Asset Department, Education Service Center

FROM: School Site: _____ Name: _____ Date: _____

Please Check One:

	Location Transfer	Trade-In/ Replacement	Surplus Auction	Trashed Vandalized	Destroyed/ Damaged	Computer Repair	Stolen Police Report Required	External Donation	Other
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Name of Equipment	New Asset Tag Number	Serial Number	Make/ Model	Reason for Disposal	From:		To:	
					Site	Room#	Site	Room#

Equipment Release Administrator Signature: _____	Equipment Receiving Administrator Signature: _____
Printed Name: _____ Date: _____	Printed Name: _____ Date: _____

Additional Information: _____

Please Note: *The Fixed Asset department will process an Operations Dept. Work Request form and schedule all surplus removal. Please direct any questions regarding your transfer to the Fixed Asset Department.*

FA Office Use:	Date Received: _____
	Status Log Date: _____
	Schedule Date: _____
	BOE Date: _____
	FA Supervisor: _____