

CHAMPLAIN VALLEY EDUCATIONAL SERVICES CEWW BOCES ASSET DISPOSAL REQUEST

Requestor Name: _____ Date: _____

Asset Tag Number: _____ Division: _____

Asset Description: _____ Room #: _____

Reason for Disposal: Broken/ Not Repairable
 Obsolete
 Damaged/ Stolen/ Vandalized
(Please attach memo describing the incident)
 Other _____

If item is transferred internally for parts, please indicate the recipient
division or program: _____

Director's Signature _____ Date _____

Please return completed form to Business Office.

FOR OFFICE USE ONLY:		
Assistant Superintendent of Management Services: _____		
Date _____		_____
Disposal Method:	<input type="checkbox"/> Dispose	<input type="checkbox"/> Auction <input type="checkbox"/> Bid Sale
Central Services Clerk Signature: _____	Date _____	
Disposal Recorded by: _____	Date _____	