

CHAMPLAIN VALLEY EDUCATIONAL SERVICES CEWW BOCES MULTIPLE ASSET DISPOSAL REQUEST

REQUESTOR NAME _____ ROOM # _____ DIVISION _____ DATE _____

Asset Description	Asset Tag Number	REASON FOR DISPOSAL				Transferred internally for parts(indicate recipient division or program)	FOR USE BY CENTRAL SERVICES CLERK:		
		BROKEN/ NOT REPAIRABLE	OBSOLETE	DAMAGED/STOLEN VANDALIZED	OTHER		(D)ispose (A)uction (B)id Sale	INITIALS	DATE

Approval:
 Director's Signature _____ Date _____

Please forward completed form to Business Office.

FOR OFFICE USE ONLY:	
Assistant Superintendent of Management Services: _____	Date: _____
Disposal Recorded By: _____	Date: _____