**NORTH BOLIVAR CONSOLIDATED SCHOOL DISTRICT**

**ASSET DISPOSAL REPORTING FORM**

ALL DISPOSALES MUST BE MADE IN ACCORDANCE WITH SECTION 37-7-451, ET SEQ., MISSISSIPPI CODE OF 1972

**TO BE COMPLETED BY SCHOOL OR DEPARTMENT**

SERIAL NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_INVENTORY #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION (ROOM #, OFFICE, ETC.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSET DESCRIPTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR REQUISTING DISPOSAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IF LOST, STOLEN OR OTHER DISAPPEARANCE, ATTACH LOST OR STOLEN PROPERTY AFFIDAVIT, IN CASE OF THEFT, ROBBERY OR MYSTERIOUS DISAPPEARANCE, A COPY OF POLICE REPORT SHOULD BE ATTACHED.

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SIGNATURE OF EMPLOYEE RESPONSBILE FOR THE ASSET DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PRINCIPAL/PRINCIPAL DESIGNEE DATE

***SUBMIT FORM TO BUSINESS MANAGER AFTER COMPLETION***

**TO BE COMPLETED BY CENTRAL OFFICE**

DATE ARRPOVED BY BOARD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE DISPOSED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

METHOD OF DISPOSAL (CHECK ONE)

□ SOLD AMOUNT RECEIVED FROM SALE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_REC.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ JUNKED

□ SCRAPED

□ LOST

□ STOLEN

□ DESTROYED

□ OTHER DISPOSAL (EXPLAIN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SIGNATURE OF CENTRAL OFFICE PERSONNEL DATE

DATE ASSET ORIGINALLY ACQUIRED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ASSET COST OR FMV:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSET RECORDED UPDATED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSET FORM C