



Department of Central Stores

FIXED ASSET DISPOSAL REQUEST FORM

From: Department/School name: _____

Building Code: _____

Location Code: _____

Room: _____

EQUIPMENT

FURNITURE

OTHER

ASSET TAG #: _____

DESCRIPTION: _____

MODEL: _____

SERIAL NUMBER: _____

MANUFACTURER: _____

REASON: _____

Please print your full name clearly on this form.

Requested by: _____ **Authorized by:** _____
Print Name Print Name

Signature of Authorizer
(Must be signed by a Principal or Director)

Date: _____

***To conform with the Paterson Public School District Policy, this form must be signed and returned to the Fixed Asset Accountant. Only a Principal or Director can authorize this item to be disposed of.**