CATTARAUGUS-ALLEGANY BOCES
INVENTORY/FIXED ASSET DISPOSITION FORM

Check one of the following (DO NOT COMBINE REQUEST TYPES):

Request for Transfer ☐ Request for Evaluation ☐ Request for Disposal ☐
(Do not combine request types)

This form is to be used only for inventory/fixed asset items that are identified with a property number and bar code label.

☐ Transfer occurs when one location no longer needs or wants an inventory item and another location has a use.
☐ Evaluation occurs for all inventory/fixed asset electronic items. Disposition will be determined by the Information Technology staff.
☐ Disposal occurs when it is determined that the inventory/fixed asset item no longer performs (obsolete, broken, etc.) in the manner that it should.

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<tr>
<th>Prop # (See Bar Code Label)</th>
<th>Qty</th>
<th>Description/Model # *</th>
<th>Class Description*</th>
<th>Serial # *</th>
<th>Purchase Date*</th>
<th>Unit $*</th>
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*(Required Information - available from inventory sheets.)*

**TRANSFERS:** (Move Items from One Location to Another)

Transfer Out Name ____________________________________________
(Print name of location/person who currently has inventory item(s))

Transfer Out Signature _______________________________________

Transfer In B/L Name _________________________________________
(Print name of location/person who will be taking inventory item(s))

Transfer In Signature ________________________________________

**EVALUATIONS:** (Electronic Equipment Only that are being Considered for Disposal)

Transfer Out Name __________________________________________
(Print name of location/person who currently has inventory item(s))

Transfer Out Signature _______________________________________

Tech Shop Evaluation Area __________________________________

Transfer In Name ___________________________________________

Tech Shop Signature _________________________________________

**DISPOSALS:** (Items Deemed no Longer Useful)

Reason for Disposal Request ________________________________________________________________________________

Disposal Recommendation ____________________________________
(Hold Inventory Item Until Notification of Board Action is Received)

Disposal Out Name __________________________________________
(Print name of location/person who currently has inventory item(s))

Disposal Out Signature ______________________________________

**ALL REQUESTS:**

Director/Designee Out Signature _______________________________

Director/Designee In Signature _______________________________

(To be completed by Business Office – BOARD ACTION DATE ____________ DISPOSITION ___________________ SIGNED __________)

Date: _________________________________

New-5/06, Rev 1-11/08

Original to: Purchasing Agent, Copies to: Item, In Location, Out Location