

## ASSET MOVE or DISPOSAL FORM

DATE: \_\_\_\_\_

Asset #	Item Description, Serial #, Model #	Room/Building Moved From	Room/Building Moved To	Disposal of Asset (Check box)	Maintenance Picked Up	Technology Picked Up

\_\_\_\_\_  
 Employee/Principal/Supervisor/Administrator Signature      Date

\*\*If disposing of an Asset, must be picked up by Maintenance or Technology  
 Please send form to Administration Building, Business Office Cindy Freeman