#

# **Furniture/Equipment Disposition Request**

Request Date \_\_

# **Indicate Type of Request**

######  TRANSFER DISPOSAL SALVAGE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Manufacture/Brand** | **Model** | **Asset Number** | **Serial Number** |
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**Staff Reassignment**  From Staff Assignment To Staff Assignment

 **Location Reassignment**

 From Location (Building-Room) To Location (Building-Room)

**Authorized Signatures**  Releasing Property Contact Date Receiving Property Contact Date

Releasing Bureau Director Date Receiving Bureau Director Date

#### **Staff Signatures** Releasing staff Date Receiving staff Date

 Indicate/forward to appropriate MDE Asset Management Office.

#  **Central High School, Suite 130 MSA, MSB-MSD, Admin, Suite 102**

Kenya Gardner Kenya Gardner

**Asset Management Signature**   Property Officer

 Confirmation at completion of disposition.