

TRANSFER, DISPOSAL, OR SALE OF FIXED ASSETS FORM

County/Grant Entity: _____

Item Description: _____
Date of Acquisition: _____
Serial Number (if applicable): _____
Condition: _____
Original Cost or Fair Market Value: _____

Check appropriate box:

- Transferring
- Disposing
- Selling

JUSTIFICATION: _____

Authorized by: _____ Date: _____

Advisory Board Approval: Yes No Date: _____

*****FOR DOC USE ONLY*****

Approve Disapprove

Comments: _____

Reviewed by: _____ Title: _____

Date: _____