



**ASSET DISPOSAL FORM**  
JAMESTOWN PUBLIC SCHOOL DISTRICT #1  
(Item that needs to be deleted from inventory)

Tag Number \_\_\_\_\_ Quantity: \_\_\_\_\_

Description: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_

Employee Requesting Disposal: \_\_\_\_\_ Signature: \_\_\_\_\_

Principal or Director Signature: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ Disposal Reason \_\_\_\_\_

Sale Amount: \_\_\_\_\_ Disposal Method: \_\_\_\_\_

Signature of Employee Responsible for Disposing of Asset: \_\_\_\_\_

Return Completed Form to the Central Office

Business Manager Signature: \_\_\_\_\_