

**TROY CITY SCHOOLS  
ASSET DISPOSAL REQUEST**

**TO BE COMPLETED BY ADMINISTRATOR ORIGINATING REQUEST FOR DISPOSAL OF ASSET**

*BUILDING* \_\_\_\_\_  
REQUESTING DISPOSAL

*ROOM LOCATION* \_\_\_\_\_  
OF ASSET-PER PRIOR PHYSICAL INVENTORY

*ASSET DESCRIPTION* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *TCT*

*TCS ID #* \_\_\_\_\_

*SERIAL #* \_\_\_\_\_

*REASON FOR DISPOSAL* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE:  
**PRINCIPAL/BLDG ADMINISTRATOR**

\_\_\_\_\_ DATE\_\_\_\_\_

\*\*\*\*\*  
**TO BE COMPLETED BY CENTRAL OFFICE STAFF**

TAG# \_\_\_\_\_  
ORIGINAL COST \_\_\_\_\_  
DATE RELEASED FROM INVENTORY \_\_\_\_\_

METHOD OF DISPOSAL \_\_\_\_\_

DATE ADMINISTRATOR NOTIFIED OF DISPOSAL APPROVAL \_\_\_\_\_

SIGNATURE:  
TREASURER

\_\_\_\_\_ DATE\_\_\_\_\_