

DECLARATION OF INTENT TO DISPOSE OF PROPERTY

The Crater Workforce Center

PCN Number: _____

Location: _____

Description of Equipment: _____

Approximate Age: _____ Acquisition Cost: _____

Estimate of Fair Market Value or Trade-in Value: _____

Condition of Equipment: _____

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DESTROY

☐

DONATE/TRANSFER

Approved by: _____
Executive Director's Signature Date

Financial Director's Signature Date

*Property Custodian Signature Date

(Surplus Only – Check One)

☐

“Like equipment” will not be purchased in current fiscal year. Remit sales proceeds to General Fund.

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“Like equipment” will be purchased in current fiscal year. Remit proceeds to Department of Education.