



PROPERTY ACCOUNTING
Mail Code 9999, SBAB, Room 656
OUTGOING CONTROLLED EQUIPMENT

33946

TYPE OR PRINT NEATLY

A	Sec. Cross Out Proper Box <input checked="" type="checkbox"/>		<input type="checkbox"/> 1 Request Disposition and Removal		<input checked="" type="checkbox"/> 2 Transfer to Receiving Location# <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> 3 Off-Campus Receipt											
	Location No. 1 2 3 4		ORIGINATOR'S SCHOOL OR DEPARTMENT NAME School Name					Mo. Day Yr. 04 08 18										
B	Property Control No.		DESCRIPTION OF PROPERTY Item Name - Mfr. Name		Purch. Categ. No.	Serial No. (If Any)	Acq'd. Mo. Yr.	X out E O H	COST OR VALUE Dollars & Cents	Room Location								
	01 2 3 4 5 6		Microwave															
C	REASON FOR REQUESTING REMOVAL				Signature		Title											
	<input checked="" type="checkbox"/> 1 Damaged <input type="checkbox"/> 2 Vandalized <input type="checkbox"/> 3 Obsolete <input type="checkbox"/> 4 Surplus To Be Reissued <input type="checkbox"/> 5 Trade In/Salvage <input type="checkbox"/> 6 Other (explain)				D 1 ORIGINATOR <i>Manager's Signature & Employee #</i> ADMINISTRATOR <i>Designee Signature & Employee #</i>													
D	REASON FOR DISPOSITION				<input checked="" type="checkbox"/> OUT BOX 1 Audio-Visual 2 Business Mach. 3 Music 4 Vocational 5 Other		Confirmation Signature of Inspector											
	<input type="checkbox"/> 1 Damaged <input type="checkbox"/> 2 Vandalized <input type="checkbox"/> 3 Obsolete <input type="checkbox"/> 4 Surplus To Be Reissued <input type="checkbox"/> 5 Trade In/Salvage <input type="checkbox"/> 6 Other (explain)						Mo. Day Yr.											
E	PICK-UP BY ("X" Appropriate Box.)				RECEIVED BY ("X" Appropriate Box.)													
	<input type="checkbox"/> S & D <input checked="" type="checkbox"/> Maint. <input type="checkbox"/> SIU <input type="checkbox"/> Other		<input type="checkbox"/> S & D <input checked="" type="checkbox"/> Maint. <input type="checkbox"/> SIU <input type="checkbox"/> Other		Fill In Loc. No. Delivery - Location Name Mo. Day Yr. Room Signature Title Employee No.		Fill In Loc. No. Final Destination - Location Name Mo. Day Yr. Room Signature Title Employee No.											
F	<input checked="" type="checkbox"/> OUT BOX <input type="checkbox"/> A.V. <input type="checkbox"/> Music <input type="checkbox"/> Other		Purpose of Equipment Needed (Repair)		Used By		Title											
			Equipment Will Be Located At		School Principal or Administrator's Signature		Return Expected Actual Mo. Day Yr.											
G	FOR MAINTENANCE & STORES USE ONLY				1st TRADE		2nd TRADE		3rd TRADE		4th TRADE							
	Supv. Code	Work Order Approved?	Reject Code	Reviewers Initials	Code	Est. Labor Hrs. Mins.	Code	Est. Labor Hrs. Mins.	Code	Est. Labor Hrs. Mins.	Code	Est. Labor Hrs. Mins.						
H	TYPE WORK REQUESTED				ORIGIN OF REQUEST													
	Routine	Emer.	Prev. Maint.	CIF	Major Paint	Termite	Port Moves	Invent.	Other Code	School	Maint.	Budget Item	Plant Fire	S.I.U. Other	Bldg. Comm.	Area List	S & D	Other Code
I	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8																	
	<input type="checkbox"/> Not Economical to Hold for Trade/Sale <input type="checkbox"/> Hold for Salvage/Disposal <input type="checkbox"/> Certification of Disposal <input type="checkbox"/> Satisfactory Repaired & Returned		<input checked="" type="checkbox"/> Cross Out Proper Box		REMARKS				Administrator's Signature									
J	Mo. Day Yr.		Title		Mo. Day Yr.		Title											
	Bid No.																	

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