



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

SEE INSTRUCTIONS ON BACK

33946

TYPE OR PRINT NEATLY

TO BE COMPLETED BY SCHOOL OR DEPARTMENT	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# <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px;"></div>	<input type="checkbox"/> 3 Off-Campus Receipt					
SCHOOL OR DEPARTMENT	Location No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
	ORIGINATOR'S SCHOOL OR DEPARTMENT NAME School Name							
PROPERTY CONTROL NO.	Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/>							
	Property Control No.	DESCRIPTION OF PROPERTY Item Name - Mfr. Name	Purch. Categ. No.	Serial No. (If Any)	Acq'd. Mo. Yr.	X out F B O H	COST OR VALUE Dollars & Cents	Room Location
	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
REASON FOR REQUESTING REMOVAL	<input type="checkbox"/> 1 Damaged <input type="checkbox"/> 2 Vandalized <input checked="" 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)		Signature Title					
	D 1		D 2 ORIGINATOR <i>Manager's Signature & Employee #</i> ADMINISTRATOR <i>Designee Signature & Employee #</i>					
REASON FOR DISPOSITION	<input type="checkbox"/> 1 Damaged <input type="checkbox"/> 2 Vandalized <input checked="" 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)		<input checked="" type="checkbox"/> OUT BOX 1 Audio-Visual 2 Business Mach. 3 Music 4 Vocational 5 Other					
	E Confirmation Signature of Inspector <i>Inspector/Tech. Signature</i>		Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/>					
PICK-UP BY ("X" Appropriate Box.)	<input type="checkbox"/> S & D <input type="checkbox"/> Maint. <input type="checkbox"/> SIU <input type="checkbox"/> Other		RECEIVED BY ("X" Appropriate Box.) <input type="checkbox"/> S & D <input type="checkbox"/> Maint. <input type="checkbox"/> SIU <input type="checkbox"/> Other					
	F 1 Fill In Loc. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		F 2 Final Destination - Location Name Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/>					
Delivery - Location Name <i>(Vendor will complete)</i>		Richards Warehouse						
Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/>		Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/>						
Room <input type="text"/> <input type="text"/> <input type="text"/>		Room <input type="text"/> <input type="text"/> <input type="text"/>						
Signature <input type="text"/> Title <input type="text"/> Employee No. <input type="text"/>		Signature <input type="text"/> Title <input type="text"/> Employee No. <input type="text"/>						
Vendor Signature		Richards Warehouse personnel Signature & employee #						
OUT BOX	<input checked="" type="checkbox"/> OUT BOX <input type="checkbox"/> A.V. <input type="checkbox"/> Music <input type="checkbox"/> Other		Used By Title					
	Purpose of Equipment Needed (Repair)		Return Expected Actual					
Equipment Will Be Located At		School Principal or Administrator's Signature Title						
Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/>		Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/>						
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.						
Yes <input type="checkbox"/> No <input type="checkbox"/>		Equip. <input type="text"/> Vehicles <input type="text"/> Part Mv. <input type="text"/> Oth. <input type="text"/> Other Code <input type="text"/>						
TYPE WORK REQUESTED		ORIGIN OF REQUEST						
Routine <input type="checkbox"/> Emer. <input type="checkbox"/> Prev. Maint. <input type="checkbox"/> CIF <input type="checkbox"/> Major Paint <input type="checkbox"/> Termite <input type="checkbox"/> Port Moves <input type="checkbox"/> Invent. <input type="checkbox"/> Other Code <input type="text"/>		School <input type="checkbox"/> Maint. <input type="checkbox"/> Budget Item <input type="checkbox"/> Plant Fire <input type="checkbox"/> S.I.U. Other <input type="checkbox"/> Bldg. Comm. <input type="checkbox"/> Area List <input type="checkbox"/> S & D <input type="checkbox"/> Other Code <input type="text"/>						
1 2 3 4 5 6 7 8		1 2 3 4 5 6 7 8						
Cross Out Proper Box <input checked="" type="checkbox"/>		REMARKS						
<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		Administrator's Signature Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/> Title <input type="text"/>						
Bid No. <input type="text"/>		Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/>						