## Neshoba County School District Fixed Asset Form Deletion of Equipment

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Asset #					
Location/Room#:					
Description of Equipm	ent:				
Description of Equipm	CIII.				
Serial Number:					
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Deletion Reason:					
Method of Disposal:		·····			· · ·
(Technology Department) (Please Circle Option Listed Below)					
T-Trashed	S=Sold	R=Recycled	ST=Stolen	WR-Warranty Replacen	nent
1 Transition	<u> </u>				· · · · · · · · · · · · · · · · · · ·
ANY DELETIONS OF EQUIPMENT SHOULD BE REPORTED TO THE CENTRAL OFFICE.					
THE FIXED ASSET TAG SHOULD BE REMOVED AND STAPLED TO THE DELETION FORM.					
IF THE EQUIPMENT WAS PURCHASED WITH FEDERAL OR SPED FUNDS, THE PROGRAM COORDINATOR MUST APPROVE PRIOR TO CENTRAL OFFICE.					
COORDINATOR MOST AFFROVE TRIOR TO CENTRED CITIES.					
PRINCIPAL/SUPERVISOR APPROVAL SIGNATURE				DATE	<del>-</del>
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FEDERAL PROGRAMS OR SPECIAL EDUCATION			ON	DATE	
					_
RESPONSIBLE PERSON				DATE	
					_
TECHNOLOGY APPR	OVAL		<del></del>	DATE	

BOARD APPROVED