



**Cartwright School District #83**  
**GENERAL PROPERTY**  
**Transfer/Disposal Form**

Public | Surplus®

Please fill in the information below for each of your inventory items.  
**Forward completed form to Materials Center**

Date: \_\_\_\_\_

Please check one ►:  Disposal  Transfer

Move from Location: \_\_\_\_\_ To: \_\_\_\_\_  
 (Current Location)

REQUIRED INFORMATION				Condition ▼
Asset (barcode) # <i>If applicable</i>	Item Description	Serial Number	Make/Model/Brand	Good Fair Poor Dispose
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Reason for Disposal/Transfer: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

Releasing Item(s) ►: \_\_\_\_\_  
 Principal/Administrator Name (please print) Signature: Principal/administrator Date

Transportation by ►: \_\_\_\_\_ Person receiving form ►: \_\_\_\_\_  
 (Please print) (please print)

Receiving Item(s) ►: \_\_\_\_\_  
 Principal/Administrator Name (please print) Signature: Principal/administrator Date

*\*\* All signatures are required to make this form valid \*\**

FOR DISTRICT OFFICE USE ONLY			
Disposal Via:	<input type="checkbox"/> Online Action	<input type="checkbox"/> Local Auction	<input type="checkbox"/> Salvage <input type="checkbox"/> Other _____
Copy sent to Accounting on (date)	_____		
Gov. Bd Approval Date:	_____	Agenda #: _____	<input type="checkbox"/> ACCTG Notified Mat. Ctr of Board Approval Date
Deleted from GFA Listing by:	_____	Date:	_____