

**DECLARATION OF INTENT TO DISPOSE OF EQUIPMENT/FURNITURE**

**Department of Education Only**

Inventory/Asset ID Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Location: \_\_\_\_\_

Description of Equipment/Furniture: \_\_\_\_\_

Approximate Age: \_\_\_\_\_ Acquisition Cost: \_\_\_\_\_  
(If Known) (If Known)

Estimate of Fair Market Value or Trade-In-Value: \_\_\_\_\_

Condition of Equipment: \_\_\_\_\_

DISPOSED

SURPLUS

TRADE-IN

\_\_\_\_\_  
Division

\_\_\_\_\_  
Office

Approved by: \_\_\_\_\_  
Office Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CIO Equipment Manager (IT Equipment Only)  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fixed Assets Manager Signature

\_\_\_\_\_  
Inventory Removal Date