

**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:

(If Known)

Acquisition Cost:

(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