EXHIBIT D

LOWNDES COUNTY PUBLIC SCHOOLS

Fixed Asset Change or Disposition Form

School Name: _____

Barcode #: _____
Item Description: _____
Serial #: _____
Model #: _____

**** CHANGE REQUEST ****

From_____To _____

Present Location (school or classroom #) *New location (school or classroom #)*

List Both Room Number and Bar Code ID Room Number, i.e., **Room 118/RM 549**

** DISPOSITION REQUEST **

WE ARE REQUESTING PERMISSION TO DISPOSE OF THE ABOVE ITEM BECAUSE:

	COMMENTS
( ) Item Scrapped Beyond Repair	
( ) Trade-In	
( ) Item is Missing/Has Been Stolen	
( ) Other	

Requestor's Signature: _____/_____
Date

Principal/Director Signature: _____/_____
Date

You have permission to change, dispose of, or remove the above item in the following manner:

_____

_____

Superintendent's Signature:_____ Date:_____

CENTRAL OFFICE USE

Revised July 10, 2017