Window Rock Unified School District #8

Disposal Form

Fiscal Year: 2024-2025

REQUEST FOR AUTHORIZATION TO DISPOSE OF EQUIPMENT

SCHOOL _____ DEPARTMENT _____

CHECK ONE: TRADE-IN _____ SALE _____ LOSS _____ TRANSFER _____ OTHER _____

FROM: _____ TO: _____

Tag No.	Description (Include Model Number)	Serial No.	Date Acquired	Recorded Cost/Value	Sale/Trade-in Amount

REASON FOR DISPOSITION: _____

SIGNATURE _____ DATE _____
Department Head/Principal

SIGNATURE _____ DATE _____
Board Authorized Agent

Deleted from GFA listing by: _____ DATE _____