

ASSET DISPOSAL REPORT

	ATE:			
		-	ntion: Fixed Asset Property Manager	
From: 172111, Fleet Management Department No. & Name, Department Asset Custodian Authorized Signature				
Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL				
METHOD OF DISPOSAL				
	Auction			
		Date	Date	
	Theft	Date	(Attach the Law Enforcement Agency Theft Report)	
□ Destroyed by □ Natural Disaster				
	□ Traf	fic Accident	Date Date	
	Trade-In	Date		
	Donated	Date	Agency receiving donation:	
Disposal of: FAID No.				
Rea	ason for dispo	osal:		
Serial No./VIN #:				
From: 172111, Fleet Management Location: Department No. & Name Building, Floor, Suite, or Room No.				
Co	mments:	FLEET RECOM	IMENDS AUCTION	
	PLEA	SE RETAIN A	COPY OF THIS FORM FOR YOUR RECORDS	
PURCHASING DEPARTMENT USE ONLY				
Date	e Form Processe	<u></u> d	Fixed Asset Property Manager	