

School/Department Name: DATE:							
MUST BE ACCOMPANIED BY AN AGENDA REQUEST FORM WHEN SUBMITTED FOR BOARD APPROVAL							
					Item	ASSET CONDITION (FILL IN ONE)	
GPSD Asse	et # Manufacture	er/Device Name	Service Ta	ag / Serial Number:	Description	: WORKING OR NON- WORKING	
PLEASE NOTE: Items reported stolen must be accompanied by a Lost & Stolen form. (Any questions contact FIXED ASSET CLERK for the Greenville Public School District Larry Lewis II @ llewis@gpsdk12.com							
PRINT Principal/Director Name					SIGN Principal/Director Name		
DO NOT WRITE BELOW THIS LINE TO BE COMPLETED BY THE BUSINESS OFFICE.							
/							
FOR OFFICIAL USE ONLY							
	METHOD OF DISPOSAL:				D TO VENDOR FOR CREDIT		
SOLD	JUNKED	LOST	STOLEN	CATASTROPHE		Replaced by asset # below)	
OTHER:							
SIGNATURE OF Director of Technology OR DESIGNEE Print Name Signature Date Signed							
			Digitature			Date Signed	
BUSINESS MANAGER:							
AMOUNT OF SALE:							
	SALE:						
	Approval by Scl						