



PURCHASING DEPARTMENT  
**ASSET DISPOSITION FORM**

Purpose of Form: This form is to be used for asset disposition only. (E.g., trade-in, destroyed, lost, stolen, obsolete, or are damaged beyond repair.) Items listed on this form must be approved by County Commissioners first.

Please return this form along with a copy of the approved minutes to the Purchasing Dept. within 10 days of commissioners court approval date.

DATE OF REQUEST:  
 DEPT. NAME: HEALTH  
 LOCATION NO.: 340

**Disposition Type:**

Trade-in     Landfill     Destruction

Auction     Other \_\_\_\_\_

Item No	Asset No	Asset Description	Serial / VIN No	PO No	Acq Date	Original Cost	FMV	AI No	CC Date	Fund
1	26669	WORKSTATION			09/28/93	175.00				1290
2	26817	HON 38055 GRAY 30X60		70901	09/28/93	252.00				
3	28006	DESK - HON 48X30 (GRAY)		83491	10/18/94	235.42				CP FD 150
4	28011	DESK-HON 48X30 (GRAY)		83491	10/18/94	235.42				CP FD 150
5	28012	DESK-HON 48X30 (GRAY)		83491	10/18/94	235.42				CP FD 150
6	28020	HON 38055-Q, GRAY 30X60		83491	10/18/94	278.46				CP FD 150
7	28021	HON 38055-Q, GRAY 30X60		83491	10/18/94	278.46				CP FD 150
8	28182	HON 38851, W/KNEESPACE GREY		83491	10/18/94	275.39				CP FD 150

\_\_\_\_\_  
 Elected Official/Dept. Head Signature

\_\_\_\_\_  
 Date



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