

GILLESPIE COUNTY

Disposal Request Form

SCAN AND EMAIL SIGNED FORM TO: **AUDITOR@GILLESPIECOUNTY.ORG**

To be completed by Department Personnel:

Department: _____

Please include images when possible.

Asset Description	Tag Number	Serial Number	Current Location	Condition	Reason for Disposal

The signature below acknowledges that the condition and reason for disposal of the above item is correct and authorizes the disposal

Disposed By (name): _____

Date: _____

Title: _____

Email or Telephone: _____

Other Disposal Notes: _____

To be completed by Auditor's Office:

Asset Number	Original Purchase Date	Value	Name	Fund Code	Date Asset Tag Removed	Date Equipment Purged

The signature below acknowledges that there is no conflict of interest regarding the disposal of the equipment and authorizes the disposal

Approved By (name): _____

Date: _____

Title: _____

Email or Telephone: _____

Notes: