Iowa Department for the Blind

Fixed Asset Deletion Form

Date:	_	
Tag Number	Serial Number	Description
		Future lines if wooded an accord were
Reason for disposal:		Extra lines if needed on second page
Method of Disposal:		
We, the undersigned, verify that the ab	ove named fixed assets have been dis	sposed of in the manner described:
Employee's Signature	_	Supervisor's Signature

<u>Instructions</u>

- 1. If a fixed asset is to be destroyed or disposed of in any fashion, this form must be completed and returned to the Accounting Office within three days of disposal. Please be as specific as possible regarding the reason and method of disposal.
- 2. If the item(s) will be sent to General Services Surplus but have not left the building, please indicate the temporary location of the item(s).

Tag Number	Serial Number	Description
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