

IOWA DEPARTMENT FOR THE BLIND
Fixed Asset Deletion Form

Date of Disposal: _____

Tag Number: _____

Serial Number: _____

Description: _____

Reason for Disposal: _____

Method of Disposal: _____

We, the undersigned, verify that the above named fixed asset has been disposed of in the manner described:

Employee's Signature

Supervisor's Approval

Instructions

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. Please complete one form for each fixed asset disposed of. If more than ten items are being disposed of at one time, a list may be attached to this form indicating the requested information. Please initial each page that is attached in addition to signing this form.
3. 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).