

**HAZLEHURST CITY SCHOOL DISTRICT**  
**119 Robert McDaniel Drive**  
**Hazlehurst, MS 39083**

**Mr. Cloyd Garth Jr., Superintendent**

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## Asset Disposal Request

(Complete and return to Central Office for ALL inventory disposals.)

From: \_\_\_\_\_  
(Employee's Name Printed) (Department/School)

\_\_\_\_\_ Signature \_\_\_\_\_ Date  
(Room Number/Location)

Inventory#	Description of Item	Serial#

Reason for disposal: \_\_\_ Obsolete \_\_\_ Unserviceable \_\_\_ Surplus Property \_\_\_ Damaged  
\_\_\_ Destroyed \_\_\_ Lost\*\* \_\_\_ Theft\*\* Other \_\_\_\_\_

\*\*Police Report Attached

Explanation (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Approved Denied Campus Asset Manager: \_\_\_\_\_  
Signature Date

Board Approval Date: \_\_\_\_\_ Superintendent: \_\_\_\_\_  
Signature Date

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### To Be Completed At Time of Physical Transfer of Inventory

I am transferring all responsibility for the above inventory item(s) \_\_\_\_\_  
(Employee Transferring Inventory)

I accept responsibility for the above inventory item(s) to be removed from the District's inventory. \_\_\_\_\_  
(District Inventory Clerk)

Date Transfer Completed: \_\_\_\_\_