Date:	Document No.
Item Description including description, con	dition, tag numbers (if applicable), and quantities (Note FRN
if purchased with E-Rate funds)	
Estimated Value: \$4	How was value determined:5
Reason for Disposal: 6	
Loss/Theft – Describe:	
Broken and not repairable	-4
 Obsolete or not functional equipment Excess equipment 	nt
Estimated Value and Recommended Meth	od of Disposal: 7
Value over \$25,000 (See SCOE Po	licy 3270)
Value under \$25,000	
Sale at public auction by pri	
□ Sale by public auction by S	
Value is insufficient to defray the co Donation to	ists of arranging a sale
 Discard – item has no value 	e and should be disposed of
Requester certifies that the preceding item method of disposal.	(s) should be disposed of and approve of the recommended
8	
Requester Signature	Department Head Signature
Director, Internal Business Services Signatur	e Solano County Superintendent Signature

- 1. Enter today's date.
- 2. Contact the Internal Business Services Dept. (IBS) via email at <u>SCOEBusiness@solanocoe.net</u> for a document number.
 - Document and attachments must contain this document number
 - Include the asset tag with your document(s)
 - Photos of all items must be included
 - All attachments (including photos) must be in pdf format
- 3. Describe the item(s) listed to be disposed of including their condition and any other pertinent information.
- 4. Enter the estimated value.
- 5. Enter how the value was determined.
- 6. Select the reason for disposal.
- 7. Select value of items and method to be disposed.
- 8. Sign form electronically and forward on for approval from Dept. Head.

Submit form and attachments to IBS via email for approval and processing.