

Date Submitted:

Oklahoma Dept of Career and Technology Education

**FIXED ASSET ADJUSTMENT REQUEST FORM**

FAR Sequence No. (AAAA-YYYYMMDD-NN)

PLEASE CHECK THE APPROPRIATE BOX TO INDICATE TYPE OF CHANGE REQUESTED

**A  Transfer of Usable Equipment:**

Transferring equipment to a school / division / government agency

**B  Dispose of Equipment:** Do not discard equipment until request is approved.

Type of Disposal:

- |                                        |                                                  |
|----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Surplus       | <input type="checkbox"/> Broken/Obsolete         |
| <input type="checkbox"/> Lost (*)      | <input type="checkbox"/> Stolen (*)              |
| <input type="checkbox"/> Trade In (**) | <input type="checkbox"/> Returned to Vendor (**) |

\*If lost or stolen attach police report &/or detailed explanation of when item last verified

\*\*For new/replacement item attach invoice with description, serial # and cost

ITEM No.	TRANSFER DATE	FROM School	FROM EMPLOYEE	FROM EID	TO SCHOOL	TO EMPLOYEE	TO EID	TO Prog Code	STATE ID NUMBER	SERIAL NUMBER	EQUIPMENT DESCRIPTION
1											
2											
3											
4											
5											
6											
7											
8											

Authorized By: \_\_\_\_\_  
 (Originating) Tech Center-SKLCN-School-Agency Division (Date)

Authorized By: \_\_\_\_\_  
 (Receiving) Tech Center-SKLCN-School-Agency Division (Date)

Approved By: \_\_\_\_\_  
 REGIONAL COORDINATOR for Originating Tech Center (Date)

Approved By: \_\_\_\_\_  
 REGIONAL COORDINATOR for Receiving Tech Center (Date)

Approved By: \_\_\_\_\_  
 SENIOR STAFF – ONLY for disposal of asset (Date)

Approved & Adjusted By: \_\_\_\_\_  
 (ASSET COORDINATOR for ODCTE) (Date)

Transported by: \_\_\_\_\_

Remarks: \_\_\_\_\_