

**TOWN OF ALLENSTOWN
TRANSFER/DISPOSAL FORM
FOR
FURNITURE, EQUIPMENT AND VEHICLES**

Department: _____

Requested By: _____

Date: _____

Request Pick-up Date: _____

Approval: _____

Date: _____

Instructions: Complete sections 1-4, and 5 where applicable. Forward form to the Administrative Assistant.

1. GENERAL DESCRIPTION MODEL OR BRAND	2. TOWN TAG #	3. TRANSFERRED/MOVED		4. REASON			5. TRADE/ SOLD		USEFUL LIFE
		FROM DEPARTMENT	TO DEPARTMENT	OBSOLETE	NOT NEEDED	DAMAGED	TO WHOM	SALE PRICE	

Accounting Office Use Only:

Lost/Stolen: _____

Date Moved: _____

Report Date: _____

By Whom: _____

Federal Funds: Yes: _____ No: _____

Disposal Date: _____

Grant Name: _____

Grant #: _____

Disposition Costs &
Salvage Value: _____

Approved: _____
Controller (Date)

Recorded:
Name: _____
Date: _____