

## City of Madison, Alabama

## Capital Assets

**Disposal Form** 

	Capital Assets Tag No <i>\(\begin{align} \int \beta \\ \\ \ext{\rightarrow} \ext{\rightarrow} \\ \\ \\ \ext{\rightarrow} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\</i>
	(Existing Assets Number)
Date: 1 19 23	Department: Finance
Item Description: 2 deaks, 1 credenza	1 4 drawer file cabinet 1 2 drawer
Serial/Model #:	New: Used: 🗸
Location: Ven	dor Name:
Asset Class: Activity Code: Fu	ınd: Acct. No.:
Date Item Acquired:	Cost or Donated Value:
Enhancements:	
The original form must be submitted to the City Clerk-Treasure	•
requested for disposition will be submitted to the City Council department head of the disposition method and submit a copy	
V n D DO	
Signature (Department Head or Designee)	01-19-2023
Signature: (Department Head of Designee)	Date:
******** TO BE COMPLETED B	Y CITY CLERK ************************************
(Below this line)	
DISPOSITION METHOD: Surplus Sale:	Other:
	Other:
DISPOSITION METHOD: Surplus Sale:	
DISPOSITION METHOD: Surplus Sale:  APPROVAL OF DISPOSITION METHOD:	
DISPOSITION METHOD:  APPROVAL OF DISPOSITION METHOD:  Approved by Resolution #:	
DISPOSITION METHOD: Surplus Sale:  APPROVAL OF DISPOSITION METHOD:  Approved by Resolution #:  Minutes #:	Date:
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