

City of Madison, Alabama

Capital Assets

Disposal Form

Capital Assets Tag No.	
	(Existing Assets Number)
Date: 6/22/2023 Depa	rtment: Revenue
Item Description: 1 1-shaped derk' 1 standalar	e desky 2 office choice I file CAL
Serial/Model #:	New: Used:
Location: Vendor N	lame:
Asset Class: Activity Code: Fund:	Acct. No.:
Date Item Acquired: Cost	or Donated Value: <u>n/A</u>
Enhancements:	
The original form must be submitted to the City Clerk-Treasurer's Department for the disposition of assets. Items requested for disposition will be submitted to the City Council for approval. The City Clerk-Treasurer will notify the department head of the disposition method and submit a copy of approved disposition to the Finance Department. Signature: (Department Head or Designee)	

DISPOSITION METHOD: Surplus Sale:	Other:
APPROVAL OF DISPOSITION METHOD:	
Approved by Resolution #:	Date: 6/22/2023
SOLD TO: Address:	Proceeds:
	Date: 6/22/2023
105.7	6/22/2023
Signature, City Clerk-Treasurer	Date
COMMENTS:	
COPY: Requesting Dept.	Finance Dept. Revised 6/25/2007