



# Capital Asset Requisition/Change Authorization

**Purchase:**

Requisition or

Related Project #: \_\_\_\_\_

Bid Number (Purchasing Only): \_\_\_\_\_

Anticipated  
Purchase Date: \_\_\_\_\_Expected  
Purchase Price: \_\_\_\_\_

PO #: \_\_\_\_\_

Item Description and purpose: \_\_\_\_\_

Proposed Location  
(building and room/  
department): \_\_\_\_\_

Funding Source: Circle One

Anticipated:

Sinking Fund  
GrantsGeneral Fund  
Risk Fund

Specify Account Line: \_\_\_\_\_

Approvals: (Sign and date)

Capital Asset Accountant: \_\_\_\_\_

Facilities: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Finance: \_\_\_\_\_

Technology Director  
(IF Related): \_\_\_\_\_Grants  
(IF Grant Funded): \_\_\_\_\_

<b>Facilities FINAL Place in Service Review/Approval:</b>
Assigned Asset ID# (Please ensure tagged): _____
Placed In Service Date: _____
FACILITIES (TAGGED and In Service Sign-off): _____

Budget: \_\_\_\_\_

Return original to Capital Asset Accountant for record-keeping

**IF the requested items are over the Michigan Bid Threshold (\$23,417 FY 17) you MUST also complete the BELOW:  
TREASURY APPROVAL REQUIRED Name: \_\_\_\_\_ Signature and Date: \_\_\_\_\_**

Delivery Date: \_\_\_\_\_

Please select type of request:  Service  MaterialDrawings / attachments included:  Yes  No**Background/Rationale:**

Quantity	UOM	Description	Estimated Amount

**Please check appropriate boxes for any of the following requirements:**

- Extend to districts   
 Installation   
 Electrical needs   
 Training   
 Special Terms & Conditions  
 Trade-in   
 Extended warranty   
 Multi-year agreement   
 Bidder's list attached  
 Drop Ship   
 Maintenance agreement   
 Subject to School Safety Initiative

**OPC Use only**

- Advertisement   
 Bidder's walk through/Bidder's conference   
 Bidder's demonstration/Interview  
 Bid Bond   
 Performance and Payment Bond   
 Relevant department notified to review specs  
Contract:  Solicitation / Response   
 New Vendor (W-9 needed)  
 Vendor (Submit contract with vendor response)

Account Number(s): \_\_\_\_\_

**Vendor Information**

Company Name Contact Name

Email

Phone Number



# Capital Asset Requisition/Change Authorization

**There is NO disposal/sale/scrap of District property allowed without this form.  
No exceptions!**

### Disposal:

Asset Tag #: \_\_\_\_\_ Anticipated Disposal Date: \_\_\_\_\_

Item Description and purpose: \_\_\_\_\_

Location (building and room/department): \_\_\_\_\_

Reason for Disposal Request: \_\_\_\_\_

- Disposal Method:** Proceeds to Business Office 24 hours after sale
- Misplaced - No Proceeds
  - Stolen - No Proceeds
  - Scrap/Salvage - Proceeds \$ \_\_\_\_\_
  - Donate - To: \_\_\_\_\_
  - Sale - Indicate seller and anticipated proceeds: \_\_\_\_\_ \$ \_\_\_\_\_

Approvals: (Sign and date)

Facilities: \_\_\_\_\_

Finance: \_\_\_\_\_

Budget: \_\_\_\_\_

Capital Asset Accountant: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Tag Numbers (if tagged)  
VIN # (if Vehicle): \_\_\_\_\_

**Final Disposal Update:** Indicate actual Disposal Method and Proceeds. Actual Disposal Date: \_\_\_\_\_

**METHOD:** \_\_\_\_\_ **PROCEEDS:** \$ \_\_\_\_\_ **FACILITIES (Sign & Date):** \_\_\_\_\_

**CASH RECEIPTS ACCOUNTANT (Indicate CR #, Sign, and Date):** \_\_\_\_\_

**Return original to Capital Asset Accountant for record-keeping**

### Change/Move:

Asset Tag #: \_\_\_\_\_ Move Date: \_\_\_\_\_

Item Description and purpose: \_\_\_\_\_

Move FROM: Location (building and room/department) \_\_\_\_\_

Move TO: Location (building and room/department) \_\_\_\_\_

Approvals: (Sign and date)

Facilities: \_\_\_\_\_

Finance: \_\_\_\_\_

Capital Asset Accountant: \_\_\_\_\_

**Return original to Capital Asset Accountant for record-keeping**

Additional Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please try to prove that the most effective/beneficial method of disposal was used. If the District can receive funds, we should try to receive funds. If a vehicle is being disposed of, please attach a Kelly Blue Book Appraisal report to show adequate effort was taken to ensure a good deal for the District. Attach a list of tag numbers if multiple.