

City of Baker School Board
REMOVAL OF CAPITAL ASSET FORM

The following capital asset(s) is/are missing or stolen. Please adjust capital asset records accordingly.

DISPOSITON OF CAPITAL ASSET	
<i>Please check one</i>	
<input type="checkbox"/> Missing (Please complete Section 1) Section 2)	<input type="checkbox"/> Stolen(Please complete

SECTION 1 MISSING CAPITAL ASSET(S) <i>A through search of the premises was conducted for the missing item(s)</i>	
TAG NUMBER SERIAL NUMBER	DESCRIPTION
1. _____ _____	_____
2. _____ _____	_____
3. _____ _____	_____
4. _____ _____	_____
EXPLANATION:	

SECTION 2 STOLEN CAPITAL ASSETS

TAG NUMBER SERIAL NUMBER	DESCRIPTION
1. _____ _____	_____
2. _____ _____	_____
3. _____ _____	_____
4. _____ _____	_____
EXPLANATION OF INCIDENT: 	
POLICE REPORT DATE: _____	POLICE FILE
NO.: _____	

APPROVED BY:

Signature of Principal

Date

Signature of Director

Date