

Date Submitted:

12/17/2020

Oklahoma Dept of Career and Technology Education  
**FIXED ASSET ADJUSTMENT REQUEST FORM**

FAR Sequence No. (AAAA-YYYYMMDD-NN)

PLEASE CHECK THE APPROPRIATE BOX TO INDICATE TYPE OF CHANGE REQUESTED

**A  Transfer of Usable Equipment:**

Transferring equipment to a school / division / government agency

**B  Dispose of Equipment:** Do not discard equipment until request is approved.

Type of Disposal:

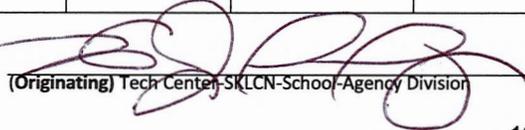
- Surplus
- Lost (\*)
- Trade In (\*\*)

- Broken/Obsolete
- Stolen (\*)
- Returned to Vendor (\*\*)

\*If lost or stolen attach police report &/or detailed explanation of when item last verified

\*\*For new/replacement item attach invoice with description, serial # and cost

ITEM No.	TRANSFER DATE	FROM School	FROM EMPLOYEE	FROM EID	TO SCHOOL	TO EMPLOYEE	TO EID	TO Prog Code	STATE ID NUMBER	SERIAL NUMBER	EQUIPMENT DESCRIPTION
1	12/17/2020	MATC	Wade Jarlsberg		CTC	Mark Cotner			1066827	MC060915057	Mobile Hydraulic Crane Simulator
2											
3											
4											
5											
6											
7											
8											

Authorized By:  11/4/2021  
(Originating) Tech Center-SKLCN-School-Agency Division (Date)

Authorized By: \_\_\_\_\_ (Receiving) Tech Center-SKLCN-School-Agency Division (Date)

Approved By: \_\_\_\_\_ 12/17/2020  
REGIONAL COORDINATOR for Originating Tech Center (Date)

Approved By: **Max McKnight** Digitally signed by Max McKnight  
Date: 2020.12.18 08:32:26 -06'00'  
REGIONAL COORDINATOR for Receiving Tech Center (Date)

Approved By: \_\_\_\_\_  
SENIOR STAFF – ONLY for disposal of asset (Date)

Approved & Adjusted By: \_\_\_\_\_  
(ASSET COORDINATOR for ODCTE) (Date)

Transported by: \_\_\_\_\_

Remarks: \_\_\_\_\_