



Date

WORKFORCE BOARD
Notification of Disposal Form

I hereby certify H-GAC has been notified and approve the item(s) listed below have been disposed of properly. A written or electronic receipt was sent to the Board Property Control Officer as verification. I also certify that the information detailed on this report is to the best of my knowledge, complete, and accurate.

Contact Information				
Contractor's Name			Preparer's Name	
Contractor's Address			Preparer's Title	
City	State	Zip Code	Contact's Telephone Number	
Disposition Information				
Item (Add additional sheets, if necessary)	Serial Number	Disposition Date	Asset Tag Number	Fair Market Value
				\$
				\$
				\$
				\$
				\$
Recycling Company – Service Provider who will be performing the service				
Certification				
I certify that the above information is true and correct.				
Authorized Representative/Title				Date