



KANSAS CITY KANSAS PUBLIC SCHOOLS

Accountable Property Form

TO: Risk Management Department, Central Office

FROM: _____

Please Check Your Request:

(One request type per form)

<small>Reporting Officer</small>	<small>Location</small>	<small>Department</small>	<small>Date</small>
Electronic Recycling <input type="checkbox"/>	Location Transfer <input type="checkbox"/>	Surplus for Sale <input type="checkbox"/>	Trash <input type="checkbox"/>
		Scrap <input type="checkbox"/>	

Inventory Tag Number	Description	Model Number	Serial Number	Federal Program ? Yes or No	From		To	
					Bldg. #	Room #	Bldg. #	Room #
				ÿ^• No				
				ÿ^• No				
				ÿ^• No				
				ÿ^• No				
				ÿ^• No				
				ÿ^• No				
				ÿ^• No				
				ÿ^• No				
				ÿ^• No				
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				ÿ^• No				
				ÿ^• No				
				ÿ^• No				
				ÿ^• No				
				ÿ^• No				
				ÿ^• No				

From: _____

Equipment Released by (Signature): _____ School/Dept.: _____

Printed Name: _____ Date: _____

To: _____

Equipment Accepted by (Signature): _____ School/Dept.: _____

Printed Name: _____ Date: _____

* Requires Advance Board Approval
 * Items purchased with federal dollars are marked with a **YELLOW KCKPSFED barcode**. Please specify "YES" above when handling these items.
 * The receiving Public School or School District certifies that this equipment is being used for educational purposes only.
By signing this inventory Transfer/Disposal Form, the educational institution agrees that they will not dispose of, or transfer this equipment for the period of one year.