# La Joya Independent School District
# Technology Asset Adjustment Form
# (Form AM-1a)

*** Code Reference Table**
**T** = Transfer **D** = Donation
**A** = Auction **P** = Activity Fund Purchase

| Barcode No. | Qty | Description | Serial No. | Code * | Cost/Value *(Applicable if code "D" or "P" is selected.)* | Reason for Disposal *(Applicable if code "A" is selected)* |
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For **Asset Transfer** Use Only:

**FROM**: _____
Campus/Department

_____
Principal/Dept. Head *(Print Name)*

_____/_____/_____
Signature Date

**TO**: _____
Campus/Department

_____
Principal/Dept. Head *(Print Name)*

_____/_____/_____
Signature Date

**********

***(For Asset Management Department use)***

Recorded by: _____

Date: _____/ _____ / _____

For **Asset Disposal** Use Only:

**I, certify that all assets listed above are no longer of use to this campus or department and meet the criteria for asset disposal as outlined in the La Joya ISD Assets Inventory Procedures Manual.**

_____
Campus/Department

_____
Principal/Dept. Head *(Print Name)*

_____/_____/_____
Signature Date

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***(For Asset Management Department use)***

Verified and Collected by: _____Date: _____ / _____ / _____

Auction Date: _____ / _____ / _____ Asset Adjustment Date: _____ / _____ / ___

**Authorization of Technology Assets**:

_____ _____/_____/_____
Director of Instructional Resources and Technology Date

For **Donation of Assets/Activity Fund Purchases** Use Only:

Source of acquisition: (□) { **Donation** { **Activity Fund**
Name of Organization:_____
Address: _____

_____
Phone No: ( ) _____/_____
Date of acquisition: _____/ _____ / _____
Received by: _____
Campus/Department

_____
Principal/Dept. Head *(Print Name)*

_____/_____/_____
Signature Date

**********

***(For Asset Management Department use)***

Recorded by: _____

Date: _____/ _____ / _____

***(Please issue tag no. and record in space provided above)***