

SCHOOL /BUILDING _____

OBSOLETE EQUIPMENT

PERSON COMPLETING THIS FORM _____

DEPT/ GRADE	QTY.	ARTICLE DESCRIPTION	MANUFACTURER		REASON FOR DISPOSAL	LOCATION/ FLOOR/ROOM #	METHOD OF DISPOSAL ReSale/Recycle/Trash
			MODEL #	SERIAL # /ASSET TAG	OBSOLETE/DAMAGE/UNREPAIR		

I CERTIFY THAT THE ABOVE ITEM(S) ARE NO LONGER REQUIRED FOR SCHOOL USE.
*Please forward to the next appropriate person and then the Business Administrator for final approval.

Principal Date

Technology Dept. Date

Business Administrator Date

Administrator/Director Date

Facilities Dept. Date

Disposal Completed Date