

EQUIPMENT SURPLUS DISPOSITION REQUEST

Site:

Department:

Date:

[illegible]

*Donation: (If selected under suggested disposition) Indicate non-profit group requested: _____

Dept. Head _____

Principal _____

Site Technology (if applicable)_____

District Tech (if applicable) _____ Dir. IT _____

Director of Purchasing_____

Purchasing Dept. & W/H use only

Board date: _____

W/H action: _____

Date: _____

By: _____