

Furniture / Equipment Disposal

- This form MUST be signed by the Principal and Superintendent before equipment removal.

Initiated By: _____

School/Dept: _____

Quantity	Description of Item	Serial # (if applicable)	Location within School	Condition (please check one)
				Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
				Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
				Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
				Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
				Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
				Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
				Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
				Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
				Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
				Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
				Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>

When will disposal items be ready for pick up? _____
date/time

Estimated cost of replacement \$ _____

Principal Signature _____

Date _____

Superintendent Signature _____

Date _____