

SCHOOL _____

OBSOLETE/SURPLUS/DISPOSABLE EQUIPMENT/MATERIALS

DEPT. / GRADE	ARTICLE & DESCRIPTION (INCLUDE SERIAL # OR OTHER IDENTIFICATION)	QTY.	OBSOLETE/ SURPLUS/or DAMAGED UN-REPAIRABLE	LOCATION FL./RM. #	DATE OF PURCHASE (If Known)	FIXED ASSET # (If applicable)	METHOD OF DISPOSAL

I CERTIFY THAT THE ABOVE ITEM (S) ARE NO LONGER REQUIRED FOR SCHOOL USE.

Submitted by: _____

APPROVALS:

PRINCIPAL/ADMINISTRATOR Date

DISPOSAL COMPLETED Date

BUSINESS ADMINISTRATOR Date

SUPERVISOR BUILDING AND GROUNDS Date

Date Board Approved _____