Mt. Diablo Unified School District

# EXCESS EQUIPMENT/FURNITURE LIST

Return this form to the Warehouse CC: To Purchasing Department

From: _____ _____
Requested by (please print) Date

Location: _____ _____
Site/School/Department Room # (if applicable)

Ext. or phone number: _____

***Please Print Clearly***

| Qty | Item | Serial Number | MDUSD Tag Number | Dollar Value |
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_____ _____
Site Administrator Signature Date