

TUSTIN UNIFIED SCHOOL DISTRICT

SURPLUS FURNITURE AND EQUIPMENT

DATE: _____
 FROM: (Site/Dept) _____
 CONTACT: _____

Provide as much visible information as possible.

TUSD Asset Tag No.	Serial Number <i>(If available)</i>	Description/ Model No./ Mfr. <i>(i.e., "Dell Computer T1700")</i>	Year Purchased <i>(if known)</i>	Location	Reason for Removal:			
					Surplus	Obsolete	Beyond Repair	* Site Transfer
F87								

*Transfer to another school or department (required information): _____

New Site: _____ Bldg.: _____ Room #/ Office: _____ Received by: _____ Date: _____

<i>This Section For Purchasing Use Only</i>			
<i>Pre-Disposal</i>		<i>Disposal Method:</i>	
Form Received in Purchasing _____	Board Approval Date _____	Auction Company _____	E-Waste (Y/N) _____
Date Removed from System _____	Director of Business Support Services Signature _____	Donation Recipient _____	Disposal/Donation/Sale Date _____