

Midwestern Intermediate Unit IV  
**Technology Equipment Return Form**

Please complete this form in its entirety and provide it with the returned equipment to Debi Butcherine. Thank you.

\* **Employee's Name:** \_\_\_\_\_

\* **Department:** \_\_\_\_\_

\* **Date of Return:** \_\_\_\_\_

IIQ Asset Tag # (if applicable): \_\_\_\_\_

\* **Equipment Return Reason:**

End of Life/Recycle

Details: \_\_\_\_\_  
\_\_\_\_\_

Repair: IIQ ticket # \_\_\_\_\_

Details: \_\_\_\_\_  
\_\_\_\_\_

Returned/No Longer Needed

Reason(s): \_\_\_\_\_  
\_\_\_\_\_

\* **Description of Equipment being Returned:** \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_