

# EQUIPMENT DISPOSAL FORM

<b>ITEM:</b>	<b>NUMBER:</b>
<b>PROGRAM:</b>	<b>ROOM #:</b>
<b>REASON:</b>	

Signature of Person Requesting Disposal\_\_\_\_\_

Director's Signature\_\_\_\_\_

Business Manager's Signature\_\_\_\_\_

Director of Building & Grounds Signature\_\_\_\_\_

Date of Disposal\_\_\_\_\_