

E-WASTE SURPLUS DISPOSAL FORM

****Please submit to Technology Department****

SCHOOL SITE: _____ DATE: _____

CENTRAL LOCATION ON SITE FOR PICK UP: _____

NAME OF PERSON COMPLETING FORM: _____

APPROVED BY: *(Administrator)* _____

Technology Use Only

Qty	Description	Manufacturer/Brand	RCSD #	Serial #	Kept by Technology/ Quantity

Reason for Removal: Obsolete _____ No Longer Needed _____

Condition: Broken/No Value *(Will be discarded, disposal fees may apply)* _____
 Operable/Some Value _____
 Works/Good Condition _____

Account Code: *(Disposal Charges)* _____

DISPOSITION OF ITEM: *(Technology/Purchasing Department Use Only)*

Date	Transfer to another site (Requires request from site acquiring item and notification of Maintenance or warehouse for delivery instructions)	Transfer to Surplus - District Use	Transfer to Surplus- Outside of District use**	Discard **	** Board Approval/ Date
Signature	New Site:				

REMOVAL INSTRUCTIONS: *(Warehouse/Maintenance Use Only)*

Date	Picked up by: Maintenance Warehouse	Deliver to:	Delivered Signature	Received Signature