BELEN CONSOLIDATED SCHOOLS

REQUEST FOR DISPOSAL of Furniture & Equipment **OVER** $1,000.00

SITE: _____

DEPARTMENT: _____

Please check one: ____ Obsolete ____Broken _____ Other

BCS TAG #	DESCRIPTION (INCLUDING MODEL #)	SERIAL #	Hard Drive Removed / Formatted	TECH/LIASON INTIALS

Reason for disposition:

_____

_____

Signature: _____ Date: _____

Site Administrator's Signature

Technology Signature: _____ Date: _____

Supervisor's Signature *required for technology equipment; computers, printers, etc.

Picked up by: _____ Date: _____

Recorded on Assets inventory by: _____ Date: _____