

Equipment/Textbook Disposal Request

Date: 5/24/2023 Employee Name: George Kirby
 Room Number: 182 Building: EHS

Equipment Disposal:

Please state the problem you are experiencing with the equipment:

OBSCLETE

<u>1</u>		<u>Overhead Projector</u>	<u>00351</u>	<input type="checkbox"/> Direct Disposal
Quantity	Brand Name	Model/Description	Inventory Tag Number	<input checked="" type="checkbox"/> GovDeals

				<input type="checkbox"/> Direct Disposal
Quantity	Brand Name	Model/Description	Inventory Tag Number	<input type="checkbox"/> GovDeals

				<input type="checkbox"/> Direct Disposal
Quantity	Brand Name	Model/Description	Inventory Tag Number	<input type="checkbox"/> GovDeals

Textbook Disposal:

				<input type="checkbox"/> Direct Disposal
Date of Edition	Quantity	Publisher	Name of Book	<input type="checkbox"/> GovDeals

				<input type="checkbox"/> Direct Disposal
Date of Edition	Quantity	Publisher	Name of Book	<input type="checkbox"/> GovDeals

				<input type="checkbox"/> Direct Disposal
Date of Edition	Quantity	Publisher	Name of Book	<input type="checkbox"/> GovDeals

For Office Use Only

Date of Approval Board of Education

Date of Disposal

Equipment/Textbook Disposal Request

Date: 5/24/2023 Employee Name: GEORGE KELBY
 Room Number: 182 Building: ETS

Equipment Disposal:

Please state the problem you are experiencing with the equipment:

DO NOT USE CASSETTE TAPES

<u>1</u>	<u>TELEX</u>	<u>CASSETTE TAPE COPIER</u>	<u>07194</u>	<input checked="" type="checkbox"/> Direct Disposal
Quantity	Brand Name	Model/Description	Inventory Tag Number	<input type="checkbox"/> GovDeals

<u>1</u>	<u>TELEX</u>			<input type="checkbox"/> Direct Disposal
Quantity	Brand Name	Model/Description	Inventory Tag Number	<input type="checkbox"/> GovDeals

				<input type="checkbox"/> Direct Disposal
Quantity	Brand Name	Model/Description	Inventory Tag Number	<input type="checkbox"/> GovDeals

Textbook Disposal:

				<input type="checkbox"/> Direct Disposal
Date of Edition	Quantity	Publisher	Name of Book	<input type="checkbox"/> GovDeals

				<input type="checkbox"/> Direct Disposal
Date of Edition	Quantity	Publisher	Name of Book	<input type="checkbox"/> GovDeals

				<input type="checkbox"/> Direct Disposal
Date of Edition	Quantity	Publisher	Name of Book	<input type="checkbox"/> GovDeals

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Equipment/Textbook Disposal Request

Date: 5/24/2023

Employee Name: GEORGE KORBAY

Room Number: 182

Building: CHS

Equipment Disposal:

Please state the problem you are experiencing with the equipment:

NOT COMPATIBLE WITH CURRENT SOUND EQUIPMENT

<u>1</u>	<u>OMNIFEX</u>	<u>GRAPHIC EQUALIZER</u>	<u>04808</u>	<input checked="" type="checkbox"/> Direct Disposal
Quantity	Brand Name	Model/Description	Inventory Tag Number	<input type="checkbox"/> GovDeals

_____	_____	_____	_____	<input type="checkbox"/> Direct Disposal
Quantity	Brand Name	Model/Description	Inventory Tag Number	<input type="checkbox"/> GovDeals

_____	_____	_____	_____	<input type="checkbox"/> Direct Disposal
Quantity	Brand Name	Model/Description	Inventory Tag Number	<input type="checkbox"/> GovDeals

Textbook Disposal:

_____	_____	_____	_____	<input type="checkbox"/> Direct Disposal
Date of Edition	Quantity	Publisher	Name of Book	<input type="checkbox"/> GovDeals

_____	_____	_____	_____	<input type="checkbox"/> Direct Disposal
Date of Edition	Quantity	Publisher	Name of Book	<input type="checkbox"/> GovDeals

_____	_____	_____	_____	<input type="checkbox"/> Direct Disposal
Date of Edition	Quantity	Publisher	Name of Book	<input type="checkbox"/> GovDeals

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Equipment/Textbook Disposal Request

Date: 5/24/2023

Employee Name: GEORGE KERBY

Room Number: 102

Building: ETHS

Equipment Disposal:

Please state the problem you are experiencing with the equipment:

DOES NOT WORK PROPERLY & DO NOT USE CASSETTE TAPES

<u>1</u>	<u>TECHNICS</u>	<u>CASSETTE TAPE PLAYER</u>	<u>04809</u>	<input checked="" type="checkbox"/> Direct Disposal
Quantity	Brand Name	Model/Description	Inventory Tag Number	<input type="checkbox"/> GovDeals

_____	_____	_____	_____	<input type="checkbox"/> Direct Disposal
Quantity	Brand Name	Model/Description	Inventory Tag Number	<input type="checkbox"/> GovDeals

_____	_____	_____	_____	<input type="checkbox"/> Direct Disposal
Quantity	Brand Name	Model/Description	Inventory Tag Number	<input type="checkbox"/> GovDeals

Textbook Disposal:

_____	_____	_____	_____	<input type="checkbox"/> Direct Disposal
Date of Edition	Quantity	Publisher	Name of Book	<input type="checkbox"/> GovDeals

_____	_____	_____	_____	<input type="checkbox"/> Direct Disposal
Date of Edition	Quantity	Publisher	Name of Book	<input type="checkbox"/> GovDeals

_____	_____	_____	_____	<input type="checkbox"/> Direct Disposal
Date of Edition	Quantity	Publisher	Name of Book	<input type="checkbox"/> GovDeals

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