

Wheatland-Chili Central School

Excess Equipment/Materials -- For Transfer, Storage, or Disposal

Requestor: Complete all information applicable (attach list/supporting info if needed).

Requestor

Name _____

Date _____

Building _____

Room # _____

Description of Equipment/Materials (include Brands, Model and Serial Numbers)

Reason:

ID Tag #, if applicable _____

Est/Known Age or Purchase Date _____

BOCES item? (circle one) No Yes

General Condition (circle one) Excellent Good Poor Other

Requestor: Send Original form to your Principal or Director (Date _____)

Principal/Manager's suggested action:

Principal/Manager's Signature of Approval _____

Principal/Manager: Send Original form to the Business Manager (Date _____)

Disposition: Move Item to _____

Store Item for _____

Mark for Discard/Disposal _____

Online Auction _____

Other _____

Signature (Bsns Mgr or Superintendent) _____ Date _____

Business Official: Copy of form to Facilities Supervisor or Designee (Date _____)

Upon completion of disposition, sign & return to Business Manager.

Date & Action taken:

Original retained in Business Office to be
matched up with returned, signed copy.

Signature _____ Date _____

Facilities Designee: When action is completed, sign & return to Business Office (Date _____)

Date received by Business Office: _____

Inventory records adjusted (date) and initials: _____