

Tip Transfer # _____

Date Entered into Tip: _____

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) _____

Qty	Description	Manufacturer or Brand	Asset tag #	Serial #	Removed from Rm #	Product #	Kept by Technology
							Yes -- No
							Yes -- No
							Yes -- No
							Yes -- No
							Yes -- No

Reason for Removal: Obsolete No Longer Needed Broken/No Value

Account Code (disposal charges): _____

DISPOSITION OF E-WASTE (Technology/Purchasing Department Use)

Date	Picked up by	Delivered by	Received by (print)	Received Signature
	W/H - M/F-Tech			

Form_Ewaste_Disposal_Mar 2020

-Technology Use Only: Date Received: _____ Ticket # _____ Initial: _____ Date Sent to Purchasing: _____