

# NEWARK CENTRAL SCHOOL DISTRICT EQUIPMENT DISPOSITION

DEPARTMENT / SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

Equipment	Make	Model	Quantity	CONDITION (E,V,G,G,P)	REASON FOR DISPOSAL	BARCODE
** attach barcode(s)						

SUPERVISOR APPROVAL: \_\_\_\_\_

PRINCIPAL APPROVAL: \_\_\_\_\_

ASSISTANT SUPERINTENDENT APPROVAL: \_\_\_\_\_

DATE OF BOARD OF EDUCATION APPROVAL: \_\_\_\_\_

Contacted the Following Companies to Inquire About Their Interest in Purchasing: \_\_\_\_\_

\_\_\_\_\_