Mt. Diablo Unified School District

SURPLUS EQUIPMENT/FURNITURE LIST

Return this form to the Warehouse CC: To Purchasing Department

From: _____ _____
Requested by (please print) Date

Location: _____ _____
Site/School/Department Room # (if applicable)

Ext. or phone number: _____

Please Print Clearly

Qty	Item	Serial Number	MDUSD Tag Number	Dollar Value

_____ _____
Site Administrator Signature Date