

**BUCKS COUNTY TECHNICAL SCHOOL
EQUIPMENT REMOVAL/OBSOLETE EQUIPMENT FORM**

PROGRAM _____

ROOM NO. _____

DATE _____

QTY	DESCRIPTION	MANUFACTURER	SERIAL #	BCTHS TAG # <small>(6 digit number found on bar coded tag)</small>

PART I. TO BE COMPLETED BY INSTRUCTOR

DISPOSITION OF EQUIPMENT/FURNITURE:

Requested by:

Instructor

CHECK (%) ONE:

Discard _____
Sell Estimated Value \$ _____
Transfer New Location _____

PART II. APPROVALS

Supervisor Date Business Administrator Date