

Requester:
Site/Department:
Building/Room Number:
Date:
Phone | Ext:

Please return to Tammy Hinckley

ta.hinckley@laschools.net

Date:	Received By:	Disposal Number:

Asset Tag #	Tech. Tag #	Serial #	Description & Quantity	Requested Disposal Method	Reason for Disposal

Administrator Approval (print name)

Administrator Approval (signature)

date

Dr. Jose Delfin, Superintendent

date