Submit Form

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
SURPLUS EQUIPMENT / FURNITURE LIST

Return this form to the Purchasing Department

From: _____ _____
Requested by (please print) Date

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

Please Print Clearly

ITEM DESCRIPTION	SERIAL NUMBER *(IF NO TAG NUMBER)*	WCCUSD TAG NUMBER	PUT A ✓ IN THE APPROPRIATE COLUMN BELOW		
			TRASH	E-WASTE	SALE

Clear Form

_____ _____
Signature Date