



# CANTON PUBLIC SCHOOLS

## Technology Equipment Form



School/Department: \_\_\_\_\_ Name of Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

The following Technology Equipment is no longer of use at the above School/Department:

Please specify "Reason for Removal"

Description	Qty	Room/Location	Reason for Removal
			1 - Computer too slow 2 - Space issue 3 - Works, but do not use 4 - Broken (please provide specific issue) 5 - Other
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Faculty Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

**To be filled out by the Building Technology Specialist:**

Model #	ID #

Building Technology Specialist Signature: \_\_\_\_\_

**Please return this form to Mike Wentland for approval.**

Approval/ Signature: \_\_\_\_\_

Equipment Picked up by: \_\_\_\_\_ Date Equipment was picked up: \_\_\_\_\_

Location equipment will be sent: \_\_\_\_\_