



Curriculum Surplus Form

Date: _____ Name: _____ Phone Number: _____

Building: _____ Pickup Location in Building (Ex. Room #, office, gym) _____

Requested Pickup Date: _____ Building Admin Approval: _____

Need principal's approval before pickup.

Curriculum Title	Unit	Grade	Qty	Enter Condition: Useable Broken/Non Repairable Broken/Repairable Unusable (Recycle/Destroy)	Maintenance Use ONLY Surplus Storage Recycle/Destroy

Instructions:

- 1) Before removal of items, offer surplus items to fellow staff within your building.
- 2) For items not claimed by your building, complete all fields of this form.
- 3) When completed take form to Curriculum Supervisor (Julie Chemodurov)

Business Office Use Only

Curriculum Supervisor Signature _____

Director of Teaching and Learning _____

Maintenance Director _____

