

AP 509-1 Surplus Equipment Disposal Request

DATE	SCHOOL/DEPARTMENT		ACCOUNT (IF APPLICABLE)	
CONTACT NAME		TELEPHONE	CELL PHONE	
			<u> </u>	
DATE CEDVICE DE	OLUBED			
DATE SERVICE REC	QUINED	1		
FULL DETAILS OF TASK				

EMAIL COMPLETED FORM TO: Delivery Services at purchasing@abbyschools.ca