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**Office of Asset Management**

**AMSI Excess/Obsolete Equipment Pickup Form**

**Date: Requestor:**

**From: Loc. Code:**

**To : Office of Asset Management Loc. Code: 8223**

**\*Please complete form to request a pickup for excess/obsolete/inoperable equipment at your site.\***

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| **ITEM DESCRIPTION** | **MCS ASSET TAG NO.** | **SCS ASSET TAG NO.** | **SERIAL NO.** | **MANUFACTURER** | **PROGRAM/ PROJECT** |
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**Approvals: Date:**

Principal Signature:

Driver’s Signature:

School Tech Signature:

**OAM Staff:**