



Parent Child Development Corporation Inventory disposal form

ID#: \_\_\_\_\_

Item: \_\_\_\_\_

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Site/Center: \_\_\_\_\_

Check One:            Dispose                            Donate

Reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Value: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Teacher/Center Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiscal Manager/Executive Director

\_\_\_\_\_  
Date

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**Donation Only**

Name/Location: \_\_\_\_\_

Contact: \_\_\_\_\_

Date Donated: \_\_\_\_\_

**Attach ID Label  
Here**