



**GSRP Furniture/Equipment
Return Form**

District/Site: _____

Room/Area: _____

Items Returned: Item: _____ Qty: _____

Item: _____ Qty: _____

Item: _____ Qty: _____

Item: _____ Qty: _____

The reason for the return?

Closing classroom? Yes / No

Purchasing replacement for worn out/outdated equipment ? Yes / No

Other: _____

If you are purchasing replacement equipment, please provide information regarding the determination of inadequacy of existing equipment.

IISD Review:

All Items Received: _____ Date _____

Missing Items: _____