

**BIBB COUNTY SCHOOL DISTRICT  
WAREHOUSE PICK-UP REQUEST**

SCHOOL/DEPARTMENT \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_

**1. Pick-Up of Equipment**

Description of Items	Fixed Asset Number	Brand	Model Number	Serial Number	Is Equipment Operable? (Yes or No)

**2. Is this equipment on your property inventory at the present time? YES\_\_NO\_\_**  
(If yes, please use Asset number in Section 1.)

**3. Pick-up of materials, supplies, textbooks, etc.**

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**4. Recommended Disposition: Dispose** \_\_\_\_\_ **Storage** \_\_\_\_\_  
**Re-Issue** \_\_\_\_\_ **How Long** \_\_\_\_\_

**5. Principal/Director Signature:** \_\_\_\_\_

**NOTE TO PRINCIPALS/DIRECTORS:**

SUBMIT FORM TO  
PROCUREMENT/RECEIVING DEPARTMENT TO [Procurement@bcsdk12.net](mailto:Procurement@bcsdk12.net) WE WILL  
SCHEDULE WITHIN 24-48 HRS OF RECEIVING THE APPROVED REQUEST

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**FOR WAREHOUSE USE ONLY**

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**DATE EQUIPMENT/MATERIALS PICKED UP**

**DISPOSITION OF EQUIPMENT/MATERIALS**

**SIGNATURE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**EQUIPMENT INVENTORY SPECIALIST**

**SIGNATURE:** \_\_\_\_\_

**PICKED UP BY (PLEASE PRINT)**