

**DISTRICT OF COLUMBIA  
WIC PROGRAM  
INFORMATION SYSTEM EQUIPMENT DISPOSAL REPORT FORM**

**Local Agency** \_\_\_\_\_

**Clinic Staff Completing this Form** \_\_\_\_\_

**Date** \_\_\_\_\_

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**Date Equipment Acquired**

**Description of Equipment**

**Model No.** \_\_\_\_\_ **Serial No.** \_\_\_\_\_

**Manufacturer** \_\_\_\_\_

**Original Cost (if known)** \_\_\_\_\_

**Reason for Disposal** \_\_\_\_\_

**Disposition Method (sale, donation, landfill, etc.)** \_\_\_\_\_

**Anticipated Proceeds from Sale** \_\_\_\_\_

**Will this equipment be replaced?**      \_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

**If no, indicate reason** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For State Agency**

\_\_\_\_\_ **Approved**      \_\_\_\_\_ **Denied**

**Comments:** \_\_\_\_\_

\_\_\_\_\_