

Remote Office Equipment Disposal Form

Employee Name

Employee ID

Department

Remote Office Location

Date of Disposal

Equipment Details

Item Description	Serial Number	Condition
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Disposal Method

Additional Notes

Employee Signature

Date Signed

