



# Technology Equipment Return Form

Device(s) Being Returned			
<b>Issued To:</b>		<b>Id #</b>	
<b>BSD Substitute</b>	Subbing for: (Teacher's name)		
<b>Return Date:</b>			
<b>Device</b>		<b>Barcode:</b>	
<b>Device:</b>		<b>Barcode:</b>	
<b>Device:</b>		<b>Barcode:</b>	
<b>Notes</b>			

The equipment listed above has been returned to the District by the issued staff member. The receiving technician acknowledges and confirms receipt of said item(s) are in sound shape and working order.

Check here to discontinue Mobile Computing Device Insurance.

Signature: \_\_\_\_\_

Bellevue School District Receiver			
<b>Signature</b>		<b>Date:</b>	
<b>Name: (First Last)</b>			