



Request to Surplus Equipment

Asset #	Description	Program	Location	PO #	Estimated Current Value	Sell (S) or Dispose (D)	Board Approval Date	Surplus Sale Date	Sold Yes or No	If No, Disposal Date	Disposed By: (signature)
1											
2											
3											
4											
5											
6											
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10											
11											
12											
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17											
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19											
20											

Submitted by:

Staff completing form Date

Approval

Department Supervisor

Date

Approval

Director

Date

Approval

Deputy Superintendent

Date