



SURPLUS OR OBSOLETE PROPERTY FORM

Site / Department: _____

Date: _____

Quantity	Description Of Equipment To Be Declared Surplus Or Obsolete (Include Model Number) attach 2 nd pg. if needed	Asset Tag Number	Date Of Purchase	Estimated Value

Declared As Surplus By		Authorized Disposition	
Site/Location of Equipment:		IT or Maintenance: Obsolete or Surplus	Yes No Date: _____
Recommended Disposition:		Purchasing Dept: Value	Yes No If yes, value \$ _____
		Purchasing	Prepares Board Item
Supervisor's Signature:	Date: _____	Board Approval	Yes No If yes, date of approval Date: _____
Program Mgr.'s Signature: <small>(If Categorically Funded)</small>	Date: _____	4 Copies: Purchasing, Warehouse, School Principal Or Department Mgr., Director IT	