

SURPLUS EQUIPMENT FORM

Equipment Type: \_\_\_\_\_

Inventory Number: \_\_\_\_\_

Date available: \_\_\_\_\_

Condition of Equipment:

\_\_\_\_ Good - Usable

\_\_\_\_ Poor\*

\*Describe shortcomings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher: \_\_\_\_\_ Program: \_\_\_\_\_

Date: \_\_\_\_\_ Site: \_\_\_\_\_

Classroom: \_\_\_\_\_

1 - Accounts Payable Clerk  
1 - Originator