

Palomar Community College District SURPLUS FURNITURE / EQUIPMENT INVENTORY REQUEST FORM

Instructions: Please fill in the information below and sign the form before sending the request. If more room is needed, please attach a separate list with the required information. **Be sure to include the brand name and make/model in the description of the item.**

NOTE: Technology (computers, laptops, etc.) must be reformatted by Information Services (IS) before being sent to the warehouse as surplus.

Please work with IS directly before completing this form.

Contact e-mail:			Contact phone/ext:		
			Dept Code:		
			Room #/location:		
Quantity	Item Description (e.g., chair, file cabinet, shelf, desk, printer, computer, etc.) - including brand/model	Condition*	Property (Asset) Tag and/or Seria	al# Approx \$ Value	
*Condition code: 1 = Good/operable; 2 = Fair (needs minor repair); 3 = Poor (broken/inoperable); 4 = Obsolete; 5 = Unsafe					
Requeste (na	ed by ime):	Approved by (Dept Chair/Director/Supervisor name):			
Signa	ture:	Signature:			
ı	Date:	Date:			