## SURPLUS EQUIPMENT FORM – REVISED JULY 2025

ITEM #	DEPT.	ARTICLE & DESCRIPTION (INCLUDE MANUFACTURER NAME, MODEL #, SERIAL # & DESCRIPTION)	QTY.	CONDITION **SEE KEY BELOW	LOCATION FL./RM. #	FIXED ASSET #	DATE OF PURCHASE	SALVAGE VALUE TBD BY SUPERVISOR		
1) I CERTIFY THAT THE ABOVE ITEM (S) ARE SURPLUS AND ARE NO LONGER REQUIRED FOR SCHOOL USE.										

## HAT THE ABOVE ITEM (5) ARE SURPLUS AND ARE NO LONGER REQUIRED FOR SCHOOL USE.

	SUBMITTED BY:		DATE	DEPT.						
2)	APPROVALS:									
	J. SABBATH, SUPERINTENDENT DATE	C. KAHV	WATY, BUSIN	ESS ADMINISTRATOR/BOARD	SECRETARY DATE					
3)	AFTER APPROVALS, FORWARD TO S. BELMONT- (	COORDINATOR OF PU	RCHASING &	BIDDING.						
	BOARD APPROVAL DATE (ATTACH RESOLUTION FROM BOARD MEETING AGENDA)									
4)	SURPLUS STATUS RECORDED INTO FIXED ASSET	S DATE	M.	STAS, SUPERVISOR OF MAINT	ENANCE					

**\*\*** CONDITION = GOOD, FAIR, POOR