

**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
SURPLUS EQUIPMENT FORM**

DATE: _____

SITE NAME: _____

CONTACT: _____

PHONE: _____

Please use the attached form to list all surplus equipment to be picked up. Please make sure to list all SCUSD barcode numbers, if applicable. Either mail this form to Box #830 or fax to 277-6659 ATTN: Warehouse Records Clerk.

All surplus materials must be Board approved before disposal. Once it is approved, we will contact you to make arrangements for pickup.

If you have any questions, please call Janet Stern at 277-6660.

Office Use Only:

Date Fixed Asset File Edited _____	Date Picked Up _____
Surplus/Disposal Date _____	Method of Disposal _____

INVENTORY OF SURPLUS EQUIPMENT

SITE: _____

DESCRIPTION (i.e. computer, monitor, fax machine)	SERIAL #	SCUSD BARCODE (If applicable)	WORKING	NON- WORKING	VALUE