Davis Joint Unified School District Surplus Items Request



Fiscal Review for Asset #

ate	Contact Name		Phone Number	
chool Site	Pickup Location in Building	(e.g. Ro	om #, office, gym)	
Requested Pickup Date	Sit	:e Admii	n Approval	
Make/Model Description	Asset Tag/ Serial/Identification#	Qty	Enter Condition: *Useable *Broken/Non Repairable *Broken/Repairable *Unusable (Recycle/Destroy)	*Surplus *Storage *Recycle/Destroy
Instructions: 1) Offer surplus items to other schools/dep 2) For items not claimed by other locations 3) Enter a Work Order and attach copy of t 4) All surplus items will be submitted to tl	s, complete all fields of this form (a this form to the W.O.			ick-up).
Warehouse Use Only Driver Signature NOTES:			Pickup Date	
Office Use Only				
Rusiness Office Signature			Roard Approval Date	

Public Auction Submit Date