

SURPLUS EQUIPMENT FORM – REVISED JULY 2023

| 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 |
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1) I CERTIFY THAT THE ABOVE ITEM (S) ARE SURPLUS AND ARE NO LONGER REQUIRED FOR SCHOOL USE.

SUBMITTED BY: _____ DATE _____ DEPT. _____
 SUPERVISOR/VICE PRINCIPAL

2) APPROVALS:

 J. MAIELLO, SUPERINTENDENT DATE R. GIGLIO, BUSINESS ADMINISTRATOR/BOARD SECRETARY DATE

3) AFTER APPROVALS, FORWARD TO S. BELMONT- COORDINATOR OF PURCHASING & BIDDING.

BOARD APPROVAL DATE _____ (ATTACH RESOLUTION FROM BOARD MEETING AGENDA)

4) SURPLUS STATUS RECORDED INTO FIXED ASSETS

_____ DATE _____ M. STAS, SUPERVISOR OF MAINTENANCE

** CONDITION = GOOD, FAIR, POOR