



Surplus Equipment Removal Form

Primary Contact: Minel Slabu
Contact Phone: (360) 442-2268

Secondary Contact: Shelly Franz
Secondary Phone: (360) 442-2261

Date: _____ Department Name: _____

Location: _____ Phone #: _____

Authorized Supervisor/Dean Signature: _____

Printed Name: _____

Were any of the below items purchased by Federal Grant? (Y/N) _____

If yes, please designate item number & Grant name: _____

Please arrange for pick-up of surplus items with the Campus Services Department.

Item	Quantity	Description	WA State Tag # or Serial #	Does it work?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

CAMPUS SERVICES USE ONLY

ITEM #:

WORK ORDER #:

WHO REMOVED:

STORAGE LOCATION: