

## EQUIPMENT ACTION REQUEST FORM AND INSTRUCTIONS

Return this for	rm to Campus Business Office	CC: 1. Purchasing Department 2. Warehouse
FROM:	Requested by (Please Print)	
SUBJECT:	REQUEST FOR EQUIPMENT	INVENTORY AND DISPOSITION ACTION
LOCATION: (	Campus/Department	Bldg
Excess/Surplus required prior equipment must	s Equipment Form. Submission of to the scheduling of a pickup and d	lelivery of any goods. All Excess/Surplus/Obsolete e palletize and shrink wrap Excess/Surplus separately
<ul><li>( ) Non-repai</li><li>( ) Obsolete</li></ul>	was stolen and a Police report is att	ached
Business Servi	ces Manager or Department Head	Date

Equipment Action Request Form Updated 6/20/12



## **EXCESS/SURPLUS EQUIPMENT LIST**

	COLLEGE:	<del></del>	DISTRICT			
	Department, Bldg. or Room No.					
(Please Print	Clearly)					
Qty.	Item	Seri	al Number	PCCD Number	Dollar Value	
	COLLEGE					
COLLEGES	COLLEGES require the following signatures:					
X				DISTRICT		
		Data	DISTRICT		acturo:	
Department Head <b>X</b>		Date	X	require the following sign	iaiui E.	
Campus Business Officer		Date	<b>D</b> epartmen	nt Head	Date	
Campus Business Onicei		2 010	2 oparanor		Daic	

President (or Designee)

Date



COLLEGE: \_\_\_\_\_

## **OBSOLETE EQUIPMENT LIST**

DISTRICT

Dep	artment, Bldg. or Room N	0.	_					
(Please Print Clearly)								
Qty.	Item	Se	rial Number	PCCD Number	Dollar Value			
				+				
			7					
	COLLEGES		4					
COLLEGES requir	e the following signature	es:						
K				DISTRICT				
Department Head		Date	DISTRICT	require the following sign	nature:			
			x					
Campus Business Officer		Date	Departmei	Department Head Date				

President (or Designee)

Date