SURPLUS REQUEST FORM

School Name:	spencer co. Elam.
Name:	Lina medinnis
Department:	weated in the gym
Date:	5-1-18
Please print this form and	email to Michele Barlow for Board approval.

Item	Qty	Reason for Surplus
left, tables	3	not needed
		* Mr. Cliver ask
		US to surplus
		them