**SURPLUS REQUEST FORM**

School Name: Central Office

Name: Mark Thomas

Department: Food Service

Date: 8-16-18

**Please print this form and email to Michele Barlow for Board approval.**

|  |  |  |
| --- | --- | --- |
| **Item** | **Qty** | **Reason for Surplus** |
| Four seat cafeteria booth | 8 | Decent shape; no longer needed at SCMS |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |