**SURPLUS REQUEST FORM**

School Name: \_\_SCHS and SCMS Gyms\_\_\_\_\_\_\_\_

Name: \_\_Jim Oliver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_Maintenance Dept\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_August 16, 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **Item**  | **Qty** | **Reason for Surplus** |
| Light Fixtures250 Watt Metal Halide Fixtures  | 22 | Replaced |
| Light Fixtures400 Watt Metal Halide Fixtures with Multi Tap Ballasts  | 44 | Replaced  |
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