

SURPLUS REQUEST FORM

School Name: _____SCMS_____

Name: _____Lisa Rowe_____

Department: _____Technology_____

Date: _____1-23-2018_____

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

Item	Qty	Reason for Surplus
Monitors	3	Broken
Printers	2	Broken
Clickers Systems	2	Don't work, OLD
Laptops	2	Broken
VCR	1	Broken
Keyboards	10	Broken
Mini Laptops	40	Don't work, OLD