**SURPLUS REQUEST FORM**

School Name: \_District – Central Office\_\_\_\_\_\_\_

Name: \_Mark Thomas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **Item** | **Qty** | **Reason for Surplus** |
| **Adult Ed Building**  406 Main Street  Taylorsville, KY | 1 |  |
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