**SURPLUS REQUEST FORM**

School Name: \_\_\_\_SCHS\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_Mary Baldock\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_6/20/19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **Item** | **Qty** | **Reason for Surplus** |
| Calculator – TI-83 | 6 | Broken |
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