

State Surplus Request for Pick-Up

Shoreline Community College

Requestor Information		
Requestor Name (print)	Program/Department	Program/Department Budget Number
Phone Ext. #	Storage Location (where the items will be picked up)	Date Form Completed
Special Instructions/Notes		

List the surplus items you are requesting be picked up by State Surplus. Please check each item for a State Tag Number and include this information. Hand off/send completed list to the Facilities Department – Room 5105.

#	Surplus Item	Description (Model Name, Model #, Color, etc.)	Quantity	State Tag #
1				
2				
3				
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