PURCHASING DEPARTMENT
SURPLUS DISPOSAL REQUEST FORM

EMAIL COMPLETED FORM TO:

1. Purchasing Department email:

procurement@co.imperial.ca.us

2. Facilities Management email:

facilitiesmanagement@co.imperial.ca.us

Provide a copy with each request.

Retain a copy in your department file for auditing purposes.

TRACKING #: _____

Purchasing will assign the Tracking number and email it to the Requester.

SERVICE REQUEST #: _____

Facilities will assign the Service Request number and email it to the Requester.

DO NOT REMOVE EQUIPMENT/FURNITURE WITHOUT PROPER FORMS ON FILE.

USE THIS FORM FOR ALL ITEMS DEEMED TO BE SURPLUSED REGARDLESS OF CONDITION.

Date: _____ **Department:** _____

Requestor: _____ **Email Address:** _____

Location address for pick up: _____

Qty	Asset #	Serial #	Mfr.	Model	Description	Sp Cd

The signatures below ascertains the listed items (and/or attached list) are no longer fit for department needs and/or are not in workable condition; therefore, authorizing their disposal. In addition, the signatures below certifies the equipment listed to be free from all liquid, radioactive, and/or hazardous materials.

***Requestor Signature:** _____ **Date:** _____

***Authorized Signature:** _____ **Date:** _____

Purchasing Approval: _____ **Date:** _____