

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 ascertain 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 certify the equipment listed to be free from all liquid, radioactive, and/or hazardous materials.

Department Head Signature: _____ **Date:** _____

Print Name: _____

Purchasing: _____ **Date:** _____