Orange Coast College

Approved for Surplus

By _____

Date_____

College _____

Division/Department _____

COAST COMMUNITY COLLEGE DISTRICT

SURPLUS FORM

EQUIPMENT TO BE DECLARED SURPLUS

Item	Asset No. (Tag No.)	Identification		Present Location	*Special Funding	Condition of Equipment
		Model No.	Serial No.			F= Fair P= Poor I= Irreparable

Please identify equipment purchased with special funds- VA TEA, JTP A, etc.

Please make arrangements to move the above equipment to your campus storage location.

SUPERVISOR/MANAGER APPROVAL_____

BUSINESS DEPARTMENT APPROVAL _____

Distribution: Purchasing – Business – Originator

Rev. 9/03 Fom1 #710

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