

# LORD FAIRFAX COMMUNITY COLLEGE SURPLUS REQUEST FORM

SUBMIT THIS FORM TO THE INVENTORY CLERK TO VERIFY SURPLUS ELIGIBILITY. THE FORM WILL BE RETURNED ONCE VERIFICATION HAS BEEN COMPLETED. IF YOU HAVE ANY QUESTIONS REGARDING THIS PROCESS, PLEASE CONTACT EITHER THE INVENTORY CLERK (868-7153) or PROCUREMENT OFFICER (868-7128).

Description of Equipment: \_\_\_\_\_

Inventory ID Number: \_\_\_\_\_ Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Reason for Surplus: \_\_\_\_\_

Location: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*  
(Inventory use only)

ETF Item:  Yes  No Date Asset Received: \_\_\_\_\_ Funding:  C  D  G  X Code: \_\_\_\_\_

Eligible for Surplus:  Yes  No If Not, Why: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Submit Work Order through:  Maintenance Direct  IT Direct to arrange pickup.

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(IT Department only)

Equipment for:  Surplus  Disposal Hard Drive is:  Wiped  Removed  Destroyed

If Hard Drive removed, where stored: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Technology Services

\*\*\*\*\*  
(Facilities use only)

Equipment for:  Surplus  Disposal If surplus, date loaded: \_\_\_\_\_

If disposed, witness signatures necessary.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
Facilities Director or designee

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(Inventory use only)

AIS Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

FATS Updated by: \_\_\_\_\_ Date: \_\_\_\_\_