



**SAN MATEO COUNTY
COMMUNITY
COLLEGE DISTRICT**

Cañada College • College of San Mateo • Skyline College

Surplus Form

Requestor Information:

Date: _____ Requestor Name: _____

Location: _____ Title: _____

Phone Number: _____ Email Address: _____

Item Information: ATTACH PHOTOS ALONG WITH THIS FORM

Type of Item (i.e., Furniture, Lab Equipment, Camera, Printer, etc.): _____

Condition: _____ Quantity: _____

Estimated Value: _____ Age: _____

Asset Tag #: _____ Product Serial #: _____

Operational: Yes No Item Available Now: Yes No

Description (i.e., Dimension, Color, Weight, etc.):

Reason for Surplus:

Acknowledgement:

Accounting Sequence (FOAP): _____

Requestor Signature: _____ College/Department: _____

Managerial Approver: _____ Managerial Signature: _____