

**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT  
SURPLUS EQUIPMENT FORM**

DATE: \_\_\_\_\_

SITE NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

Please use the attached form to list all surplus equipment to be picked up. Please make sure to list all SCUSD barcode numbers, if applicable. Either mail this form to Box #830 or fax to 277-6659 ATTN: Warehouse Records Clerk.

All surplus materials must be Board approved before disposal. Once it is approved, we will contact you to make arrangements for pickup.

If you have any questions, please call Janet Stern at 277-6660.

**Office Use Only:**

|                                   |                         |
|-----------------------------------|-------------------------|
| Date Fixed Asset File Edited_____ | Date Picked Up_____     |
| Surplus/Disposal Date_____        | Method of Disposal_____ |

