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: __________________

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.

Equipment for: ☐ Surplus ☐ Disposal Hard Drive is: ☐ Wiped ☐ Removed ☐ Destroyed
If Hard Drive removed, where stored: ______________________________________________________________________________________
Verified by: ______________________________________ Date: __________________
  Director of Technology Services

Equipment for: ☐ Surplus ☐ Disposal If surplus, date loaded: _______________________________
If disposed, witness signatures necessary.

Name: ______________________________________ Date: __________________
Name: ______________________________________ Date: __________________

Verified by: ______________________________________ Date: __________________
  Facilities Director or designee

AIS Updated by: ______________________________________ Date: __________________
FATS Updated by: ______________________________________ Date: __________________