# Ohlone Community College
## Request to Surplus District Owned Equipment

**From:**  
**Department:** CHEMISTRY

**Contact Person:**  
**Extension:** 6028

**Date of Request:** 1/30/15

**Send Request To:**  
**Original to:** Mark Robbins  
**Purchasing Office**

**Copy to:**  
**Warehouse**

**Location of equipment:** 16 D

### Please add the following items to surplus inventory:

<table>
<thead>
<tr>
<th>Asset Number</th>
<th>Qty</th>
<th>Item Description</th>
<th>Manufacturer</th>
<th>Model Number</th>
<th>Serial Number</th>
<th>Surplus Code*</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.310</td>
<td>1</td>
<td>IR</td>
<td>PERKIN ELMER</td>
<td>PARAGON500</td>
<td>64522</td>
<td>2</td>
</tr>
<tr>
<td>15.232</td>
<td>1</td>
<td>PRINTER HP LASERSET</td>
<td>HP</td>
<td>LASERJET7566</td>
<td>VS K140754</td>
<td>2</td>
</tr>
<tr>
<td>15.322</td>
<td>1</td>
<td>VARIABLE TRANSFORMER</td>
<td>STALD</td>
<td>2PF1010</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>15.744</td>
<td>1</td>
<td>VARIABLE TRANSFORMER</td>
<td>STALD</td>
<td>2PF1010</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

*Surplus Codes:  
1. Damaged  
2. Obsolete  
3. Manufacture Warranty  
4. Equipment Replaced  
5. Equipment Donated  
6. Equipment Stolen  
7. No longer needed-working condition  
8. Other: Please specify

**Comments:**

**Instructions:** Itemize each item to be surplused. Please provide as much information as possible. Use the Surplus Codes provided to describe the reason the item is being removed from the District Property listing. Approval of the budget manager is required. Submit the original form to Mark Robbins, Purchasing/Contracts office and a photocopy to the Warehouse. Warehouse will arrange pickup of the equipment. Any questions about the surplusing of equipment should be directed to Mark Robbins at extension 6263 or email mrobbins@ohlone.edu. Any questions about the pickup and storage should be directed to Warehouse at extension 6014 or email warehouse@ohlone.edu

This form is available as an Excel Spreadsheet. Email mrobbins@ohlone.edu to request a copy to be emailed.

**Signature of Budget manager**