

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

From:	Send Request To:
Department: <u>Athletics</u>	Original to: <u>Purchasing Office</u>
Contact Person: <u>William Clontz</u>	Copy to: <u>Warehouse</u>
Extension: <u>510-659-6014</u>	Location of equipment:
Date of Request: <u>5/08/2021</u>	<u>Building 9</u>

Please add the following items to surplus inventory:

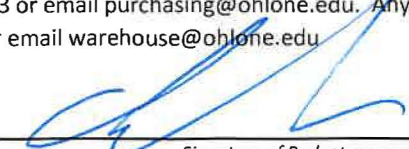
Asset Number	Qty	Item Description	Manufacturer	Model Number	Serial Number	Surplus Code*
004559	1	Hydrotherapy Unit	Patriots Medical Tech	HM200	71-79874	<u>7/2</u>
003553	1	Hydromassage Subaqua	Patriots Medical Tech	THM 100-54	14-59285	<u>7/2</u>

- *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 surplus. 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 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 extension 6263 or email purchasing@ohlone.edu. Any questions about the pickup and storage should be directed to the Warehouse at extension 6014 or email warehouse@ohlone.edu

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



Signature of Budget manager