

Non-Capital Surplus Property
Miscellaneous

Pictures:	Disc _____	Views/Picture # _____	# _____	# _____	# _____	# _____	# _____
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Please fill in or check all that applies

<input type="checkbox"/> Other (List): _____ Repairs needed/condition: _____ _____ _____ _____ _____ _____
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This Equipment: <input type="checkbox"/> Is Operable <input type="checkbox"/> Is Not Operable <input type="checkbox"/> For Parts Only Motor: <input type="checkbox"/> 110 volts <input type="checkbox"/> 220 volts <input type="checkbox"/> voltage unknown Phase: <input type="checkbox"/> single <input type="checkbox"/> three <input type="checkbox"/> unknown Manufacture: _____ Model#: _____ Serial #: _____
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Department: _____ Supervisor authorizing disposal: _____ Date: _____ Department Manager: _____ Date: _____ Approved for disposal <input type="checkbox"/> not approved for disposal <input type="checkbox"/>
