

Note: This form is submitted in connection with a work request for surplus.

Requestor's Name _____ Department _____ Date _____	INVENTORY MANAGEMENT SHEET
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Purpose	Item	Condition of Items	Date
<input type="checkbox"/> Surplus	<input type="checkbox"/> Office Furniture	<input type="checkbox"/> Good	Pick up date _____
<input type="checkbox"/> Storage	<input type="checkbox"/> Misc	<input type="checkbox"/> Fair	Delivery date _____
	Decal or serial # _____	<input type="checkbox"/> Scratched <input type="checkbox"/> Broken <input type="checkbox"/> Other	

Description of Items

Click here to enter text.

Inventory Disposition

Click here to enter text.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-top: 1px solid black; padding-top: 5px;">Requestor's signature</td> <td style="width: 30%; border-top: 1px solid black; padding-top: 5px;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; padding-top: 5px;">Moves & Setups Signature</td> <td style="border-top: 1px solid black; padding-top: 5px;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; padding-top: 5px;">Warehouse Supervisor signature</td> <td style="border-top: 1px solid black; padding-top: 5px;">Date</td> </tr> </table>	Requestor's signature	Date	Moves & Setups Signature	Date	Warehouse Supervisor signature	Date
Requestor's signature	Date						
Moves & Setups Signature	Date						
Warehouse Supervisor signature	Date						