Surplus Form

Lynden School District 504

516 Main Street, Lynden, WA 98264

School Name: _____ Date: _____

Prepared By: _____ Location: _____

Approved By: _____ (Principal) Room Number: _____

- **This form must be complete. If all required information is not on the form, it will not be picked up. It must include sizes, total number, book titles. No miscellaneous etc.**
- **All surplus should be in <u>one</u> location**
- **Items should be packed in sturdy boxes**
- **We CANNOT pick up any box over 40 lbs due to the potential for injury to staff**
- **Condition must be noted: Unknown, Poor, Fair, Good, Excellent**

Qty	Description/Mfr Name	Serial/Model #	Condition