

Los Angeles Unified School District SURPLUS PROPERTY & RECYCLING ANNEX



Tel: 213.745.5911 Fax: 213.745.5915

REQUEST ORDER FORM REPURPOSE EQUIPMENT FOR LAUSD SCHOOLS AND OFFICES

	N L		CERCOD SCHOO		
School/Office				Cost Center	
Address:				Phone:	
Contact Name:				Title	
Contact email:				Employee #	
QTY	LOC	LOC ITEM DESCRIPTION			
Request Taken E	Зу:			Request Date:	
		Surplus Warehouse Employee			
In order to receive to district identification		nis list, this form must be signed and a ID.	pproved by your site ac	lministrator. You will also ı	need to provide a copy of a
		or <u>not more than five (5) business d</u> I items will be returned to the surplus p		ate; after which time you'r	e your request will no
Your school /office line is needed to pa		for pick-up/removal and transportation ery costs.	n of your selected items	. If Truck Operations deliv	very is requested, a funding
Any Modifications to	o this request	must be approved by SPRA supervision	on.		
Requestor's Full Name: Print Name & Signature			Title:		Date:
Authorized by: Site Administrator-Signature			Title:		Date:
			Administrato	r's email:	
	Si	te Administrator-Printed Name			
Pic	k-up/Will Ca	II: No funding required		Delivery: Must provide	funding line