SURPLUS PROPERTY PICKUP

*Date:*_____

*Building:*_____

*Location of Surplus Properties:*_____

_____

QUANTITY:	DESCRIPTION:	CPS-NO.	CONDITION:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____
Principal's Signature

*Date:*_____