

SOUTHFIELD PUBLIC SCHOOLS
CERTIFICATION OF SURPLUS

Building: _____ Location: _____

List of Surplus Items:

Qty	Description (Color, Model, Serial # etc. ISBN Number for Books)	Cost	Present Value	Disposition

Location of items: _____

I certify that the above items are surplus in my building/ department:

Signature Title Date

Approved by Purchasing Agent _____

Recommendation Superintendent for disposal:

Approved by Associate Superintendent _____

Approved by Superintendent : _____

Date _____