

Public | Surplus®

Please fill in the information below for each of your inventory items.

Department: _____ Line Item to Increase: _____

Overall Title: _____

Year: _____

Make/Brand: _____

Model: _____

Quantity: _____

Description: _____

Features: _____

Digital Picture # (no limit on qty): _____

Condition: Excellent Good Fair Poor Unknown

Inventory # (item code): _____

Storage Address (pickup location): _____

Do you have a minimum bid amount? No Yes, \$ _____

Manager's Office Use Only

Amount of Sale: \$ _____ Date Item Sold: _____

Date Funds Received: _____ BAR # _____