

Public | Surplus®

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

Department: _____ Line Item to Increase: _____

Overall Title: _____

Year: _____

Make/Manufacturer: _____

Model: _____

Mileage / Hours: _____

VIN #: _____

Running Condition: Runs Well Runs Doesn't Run Unknown

Engine Make, Size, & Gas Type: _____

Transmission Type: _____

Brakes: _____

Hydraulics Condition (if any): _____

Body Style (if applicable): _____

Tires: _____

General Description: _____

Digital Picture # (no limit on qty): _____

Inventory #: _____

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 # _____