

**SAN JACINTO COLLEGE DISTRICT
ITEMIZED LIST FOR AUCTION**

LOCATION: ___ DISTRICT ___ CENTRAL ___ NORTH ___ SOUTH BUILDING: _____ ROOM: _____
 CONTACT: _____ PHONE/EXT: _____ DEPARTMENT: _____ DATE: _____

Item No.	QTY	SJC Decal#	Description				Indicate Condition E= Excellent G = Good F = Fair P = Poor O= Other	Status			
			Description	Manufacturer	Model	Serial Number		For Use By Maintenance & Auxiliary Services Only			
								DISPOSAL DATE BY SJC PERSONNEL			
								Date	Location	Disposition	Surplus Property Signature

(ALL APPROVING SIGNATURES ARE REQUIRED)

Originator: _____ Date: _____

CAMPUS IT MANAGER: _____ Date: _____

DISTRICT IT MANAGER: _____ Date: _____

Director at District/
 Campus Dean of Administration: _____ Date: _____

Fixed Asset Coordinator: _____ Date: _____

Surplus Property Coordinator: _____ Date: _____

(FOR MAINTENANCE DEPARTMENT USE ONLY)

Date Received in Fixed Asset Department: _____

Date Items Picked up by Maintenance: _____

Originator Pick up Approval: _____

(FOR AUXILIARY SERVICES USE ONLY)

Expected Auction Date (Month / YR Date Form): _____