



Nutrition Services/Equipment Surplus

Prepared by: _____ Pickup Room #: _____

School Name: _____ Location: _____

Quantity	Description	Manufacturer	Model	Serial #	Asset #	Picked Up	**Code

Kitchen Manager Signature _____ **Date:** ____/____/____

Coordinator Signature _____ **Date:** ____/____/____

Nutrition Services Director Signature _____ **Date:** ____/____/____

****Condition Code**

(A) Good/Not Needed	(E) Parts not available
(B) Fair/Repairable	(F) Not Complete Unit
(C) Broken/Unrepairable	(G) Unknown
(D) Good/Obsolete	(H) Other