



WASHINGTON STATE UNIVERSITY  
**VANCOUVER**

## Surplus Pickup

Please complete the following information and attach this document to all items that need to be picked up for surplus. Thanks!

Name of Requestor: \_\_\_\_\_

Date Request Submitted: \_\_\_\_\_

Item Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition:                      Functioning\_\_\_\_\_    Not functioning\_\_\_\_\_

*If applicable:*

6 digit state of WA ID tag: \_\_\_\_\_

Make, model and serial number: \_\_\_\_\_

Any additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Facilities Services with any questions.

360-546-9000

**Facilities Use Only:** Work Order #: \_\_\_\_\_