

For SMCCCD Use Only

District Vehicle ID #: _____ District Asset Tag #: _____



Cañada College • College of San Mateo • Skyline College

Automotive Surplus Form

Requestor Information:

Date: _____ Requestor Name: _____

Location: _____ Title: _____

Phone Number: _____ Email Address: _____

Vehicle Information: ATTACH PHOTOS ALONG WITH THIS FORM

Year: _____ Make/Model: _____

Type of Auto: _____ VIN: _____

License Plate: _____ Odometer: _____

Estimated Value: _____ Transmission: _____

Engine Type: _____ Tire Condition: _____

Body Condition: _____ Interior Color: _____

Exterior Color: _____ Power Steering: Yes No

Radio: Yes No Operational Condition: Yes No

Air Conditioning: Yes No Spare Tire: Yes No

Additional Accessories, Please Specify (i.e., Roof Rack, Shelving, Roof Top Amber Light, etc.):

Reason for Surplus:

Acknowledgement:

Accounting Sequence (FOAP): _____

Requestor Signature: _____ College/Department: _____

Managerial Approver: _____ Managerial Signature: _____