



SURPLUS INVENTORY FORM

*CONTACT/TITLE

FACILITY NAME:

*BUSINESS ADDRESS:

*CITY:

*STATE:

*ZIP:

*PHONE NUMBER:

*EMAIL ADDRESS:

MESSAGE:

UPLOAD INVENTORY:
CHOOSE FILE:

***REQUIRED**

Change item number to reference code

Inventory

Manufacturer	Item Number	Quantity	Unit of Measure	Qty Per Unit	Expiration Date
<input type="text" value="Manufacturer"/>	<input type="text" value="Item #"/>	<input type="text" value="Qty"/>	<input type="text" value="-select-"/>	<input type="text" value="Select unit of measure"/>	<input type="text" value="--"/> <input type="checkbox"/> expired <input type="checkbox"/> n/a
<input type="button" value="+ ADD ANOTHER ITEM"/>					
<input type="button" value="Submit Form"/>					