



## SURPLUS INVENTORY FORM

\*CONTACT/TITLE

FACILITY NAME:

\*BUSINESS ADDRESS:

\*CITY:

\*STATE:

\*ZIP:

\*PHONE NUMBER:

\*EMAIL ADDRESS:

MESSAGE:

UPLOAD INVENTORY:  
CHOOSE FILE:

**\*REQUIRED**

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="text" value="--"/> <input type="checkbox"/> expired <input type="checkbox"/> n/a