Jefferson County Public Schools
Surplus Pickup Form

Request for transfer of equipment to Surplus Warehouse

Location Name:_____
Location Number:_____
Room Location:_____
Contact Person:_____
Contact Number:_____
Email Address:_____

Description	Asset Tag	Serial Number

Cost Center Approval:_____ Date:_____
Driver Signature: _____ Date:_____
Warehouse Received By:_____ Date:_____

Please return this completed form to:

Supply Services
C.B. Young Service Center, Building 4
Phone Number – 485-3157
Fax Number – 485-3772
Email – jcps.surpluspickup@jefferson.kyschools.us