

**VENDOR TRADE-IN AUTHORIZATION REQUEST FORM**

DATE: _____

REQUISITION# _____

TRADE-IN AMOUNT: _____

REQUEST FROM:

VENDOR:

Department:

Address 1

Contact Person:

Address 2

Address:

Point of Contact:

Email:

Email:

Phone:

Fax:

Phone:

Fax:

ITEM(S) BEING TRADED TO VENDOR

All asset items must be listed separately and identified by Asset ID# and Serial Number. Non-asset items may be grouped by type and do not require Asset ID# and Serial Numbers. Condition: (1) Good - functionally operational (2) Fair - limited repairs necessary (3) Poor - major repairs necessary

Line	Quantity	Asset ID#	Serial Number	Description (Item, Make, & Model)	Condition
1					
2					
3					
4					
5					
6					

NEW EQUIPMENT BEING PURCHASED

	Quantity	Description (Item, Make, & Model)
1		
2		
3		
4		
5		
6		

This transaction is subject to approval by The Georgia Department of Administrative Services (DOAS) Surplus and must be completed within fourteen days of approval. Vendor will be required to sign a Transfer Sheet up receipt of Purchase Order.

Remarks:

REQUESTING DEPARTMENT	PURCHASING DEPARTMENT
REQUESTED BY:	RECEIVED BY:
SIGNATURE	SIGNATURE
DATE:	DATE: