

VENDOR TRADE-IN AUTHORIZATION REQUEST FORM



DATE: _____

REQ NUMBER: _____

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

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