

USED EQUIPMENT FORM

Your Name: _____

Your Department: _____

Your Full Email Address: _____

Provide a complete description of the used equipment.

Price of used equipment (attach quote from the selling vendor).

\$ _____

Statement verifying the condition of the equipment, its future usefulness, and that its purchase would be in the best interest of the Commonwealth (attach separate page if additional space is needed).

Print and send completed form along with supporting documentation to the Materiel Management Office for approval and/or purchase.