

ITEMS PURCHASED

FOAP TRANSFER FORM

	* designates a requir	red field
PRICE	*STAFF NAME:	
	*DEPARTMENT:	
	*FOAP:	
	*By checking this box and signing below, I agree to purchase the items at the specified on this form. I allow the Surplus Store to charge my department fritems via a Transfer Request in OnBase. I acknowledge that is it my response complete the "Finalizing Department" section of the Transfer Request initiat Surplus Store in a timely manner.	or these nsibility to
	*SIGNATURE *DATE	
	Thank you for shopping at the GVSU Surplus Store! Make sure to visit our online www.gvsusurplusstore.com and follow us on social media.	store at

GVSUsurplus

o gvsusurplus

f GVSU Surplus Store

TOTAL: