



REQUEST TO DECLARE PROPERTY SURPLUS

This form should be used for all items (**tagged or not tagged**) being moved to surplus.

Date Requested _____ Date Needed _____ (Is there a specific date the items need to be moved?)

Person Making Request _____ Department _____

*If physical movement of items is necessary, a Facilities Management work order **MUST** accompany this form.*

| Tag No. | Description | From Bldg./Room | General Condition of Item (Is it damaged? Does it work?) |
|---------|-------------|--------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

APPROVALS

FROM

Transferor

Department Head/Dean

Vice President

Vice President for Business Affairs

President

DO NOT WRITE BELOW THIS LINE

**FOR
BUSINESS OFFICE
USE ONLY**

Items Sold or Disposed of:

Date

Initials

Items Removed from Inventory:

Date

Initials