

**Surplus Property Report**

Date: \_\_\_\_\_

Description of article or material: \_\_\_\_\_

Kind or type: \_\_\_\_\_ Quantity: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model number: \_\_\_\_\_ Serial number: \_\_\_\_\_

NOVA ID number: \_\_\_\_\_

Other description (weight, capacity, dimensions) and/or defects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Present condition and value** (must be shown)

New  Good  Fair  Poor  Junk

Estimated value \$ \_\_\_\_\_

Location of article/material: Campus: \_\_\_\_\_ Division: \_\_\_\_\_

Building/room location: \_\_\_\_\_

**We certify that the material/equipment listed above is surplus to our campus and division needs. We request action to dispose of the above material/equipment.**

\_\_\_\_\_  
Division Chair or Designee Signature Print Name

\_\_\_\_\_  
Business Manager or Designee Signature Print Name

\_\_\_\_\_  
Campus Property Control Manager Signature Print Name

**Property Control Office use only:**

Received by: \_\_\_\_\_  
Signature Print Name Date

Entered by: \_\_\_\_\_  
Signature Print Name Date

Reviewed by: \_\_\_\_\_  
Signature Print Name Date

**Distribution:**

Copy 1: Central Property Control Office

Copy 2: Campus Property Office

Copy 3: Division