

Part A

Department Inventory Information

Building / Floor / Room: _____
 Phone / Fax: _____
 Date: _____
 Requestor / Liaison Name: (Please print) _____
 Department Name: _____

Please Check
 Property Disposition type on the right

- Cannibalized
- Discarded
- Salvaged
- Scrapped
- Obsolete
- Return for Credit
- Traded

Department Chair Authorization

Chairperson/Director/Dean: _____ (Please sign)
 (Please print)

Part B

Property Manager's Inventory Updates

CIT Tag #	Description	Manufacturer	Model #	Serial #	Building & Room		Responsible Person and/or Department (Code)
					To	From	

A: Administration Building AR: Spitzer School of Architecture BA: Baskerville Hall CG: Compton-Goethals Hall CWE: Center of Worker Education
 HA: Harris Hall MR: Marshak Hall NA: North Academic Center SH: Shepard Hall ST: Steinman Hall

Part C

OIT Certification

- a) Equipment has been evaluated b) University/College data has been removed AND c) Licensed software has been removed
 d) Hard drive has been removed e) Destroyed

For Office of Information Technology (OIT) Use:

OIT Approval: Approver's Name: (Please print) _____
 (Please sign) _____ Date: _____