



*This form is designed to communicate the desired handling of equipment no longer utilized by a department. Please select the appropriate handling for each item listed, sign and date, and submit form to Property Office. In all cases, the Property coordinator will complete the Property Survey Report as a supplement to this form.*

**Department Information**

Department Name: _____	Building & Room: _____
Contact Name: _____	Phone: _____

**Handling Options**

A.	To be junked. Unsafe for future utilization. (items and parts are valueless)
B.	To be salvaged or cannibalized. Equipment is beyond economical repair. (parts will be used by technicians to repair like items)
C.	Surplus equipment. May be utilized by other departments or sold at Public Surplus Auction. (Originating department must obtain signature from the department chair or IT technician to release items as surplus)
D.	Trade-in request. PO Number: _____ (vendor trade-in credit is requested and becomes part of purchase order process)
E.	Please transfer equipment item(s) listed to department below:  Department: _____ Building & Room Number: _____

**Return Items**

1.	Equipment Item:	Serial Number:	Location:	Asset No.:	Handling:
2.	Equipment Item:	Serial Number:	Location:	Asset No.:	Handling:
3.	Equipment Item:	Serial Number:	Location:	Asset No.:	Handling:
4.	Equipment Item:	Serial Number:	Location:	Asset No.:	Handling:
5.	Equipment Item:	Serial Number:	Location:	Asset No.:	Handling:

**Department Approval**

Approving Official Signature: _____	Date: _____
Name (please print): _____	

**For Property Use Only**

Property Coordinator _____	Date _____
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