



This form is designed to communicate the desired handling of furniture no longer utilized by a department. Please select the appropriate handling for each item listed, sign and date, and submit form to Purchasing Office.

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. Furniture is beyond economical repair.

C. Surplus furniture. May be utilized by other departments or sold at Public Surplus Auction.

D. Please transfer furniture item(s) listed to department below for interdepartmental use:

Department: _____ Bldg & Room: _____

Return Items

1.	Item: _____	Serial Number: _____	Location: _____	Handling: _____
2.	Item: _____	Serial Number: _____	Location: _____	Handling: _____
3.	Item: _____	Serial Number: _____	Location: _____	Handling: _____
4.	Item: _____	Serial Number: _____	Location: _____	Handling: _____
5.	Item: _____	Serial Number: _____	Location: _____	Handling: _____

Department Approval

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

For Purchasing Use Only

Re-Use Coordinator: _____	Date: _____
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