

SUNY NEW PALTZ
EQUIPMENT REMOVAL FORM

RETURN FORM TO: PROPERTY CONTROL OFFICE X3269
SB 102A / FAX: 914-257-3314

SUBJECT: RELOCATION OR REMOVAL OF EQUIPMENT FROM THE CAMPUS

(IF THERE IS MORE THAN ONE ITEM PLEASE USE SEPERATE FORMS. THANK YOU.)

REASON FOR REMOVAL (X ONE):

_____ FOR REPAIR

_____ EQUIPMENT ON TEMPORARY LOAN OR MOVED OFF CAMPUS

TO WHOM: _____

ITEM DESCRIPTION:

SUNY BAR-CODE #: _____ **MODEL #:** _____

SERIAL #: _____ **EXPECTED RETURN DATE** _____

OFF CAMPUS LOCATION: _____

AUTHORIZED TO BE REMOVED FROM THE DEPARTMENT PREMISES BY:

DEPARTMENT DEAN OR DIRECTOR SIGNATURE & DATE

PLEASE PRINT NAME

I _____ AGREE TO BE RESPONSIBLE FOR THE
EMPLOYEE SIGNATURE & DATE
RETURN OF THIS ITEM IN THE SAME CONDITION AS WHEN IT WAS REMOVED FROM THE CAMPUS.

APPROVED _____

DISSAPROVED _____

PROPERTY CONTROL COORDINATOR SIGNATURE & DATE

NO ITEM MAY BE REMOVED FROM THE SUNY NEW PATLZ CAMPUS
UNTIL YOU RECEIVE AN APPROVED COPY OF THIS FORM.