REQUEST FOR THE REMOVAL OF SURPLUS EQUIPMENT

DATE: _________________________

NAME: _______________________________________ EXTENSION: ___________

DEPARTMENT: ____________________________

LOCATION OF SURPLUS EQUIPMENT: BLDG: ________________ROOM: ________

SUNY ASSET # (BAR-CODE)_______________________________

DESCRIPTION OF THE SURPLUS ITEM/S: ____________________________________________
__________________________________________________________________________________

MODEL # ___________________________ SERIAL #________________________

CONDITION:          GOOD  FAIR  POOR    SCRAP

DOES THE ITEM WORK? YES  NO  OUTDATED

• COMPUTER EQUIPMENT MUST BE EXAMINED & VERIFIED BY COMPUTER SERVICES (X3449) BEFORE IT CAN BE DECLARED SURPLUS

Initial _______

ADDITIONAL COMMENTS____________________________________________________________
____________________________________________________________________________________

STATUS CHANGE APPROVAL:
_____________________________________________________________________________________________________

PROPERTY CONTROL COORDINATOR SIGNATURE     DATE

PLEASE SUBMIT THIS FORM TO:   PROPERTY CONTROL  (X3269)
SERVICE BLDG-102A
FAX: 845-257-3314