SUNY NEW PALTZ
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 YES NO OUTDATED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:

_____
DEPARTMENT DEAN OR DIRECTOR/AUTHORIZED SIGNATURE DATE

_____
PROPERTY CONTROL COORDINATOR SIGNITURE DATE

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