

**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 YES NO OUTDATED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 SIGNATURE DATE

PLEASE SUBMIT THIS FORM TO:

PROPERTY CONTROL (X3331)
SERVICE BLDG-102A
FAX: 845-257-3314
EMAIL: PROPERTYCONTROL@NEWPALTZ.EDU