



Equipment Transfer/Surplus Form

Inventory Tag/Asset # _____ Model # _____ Serial # _____

Description _____

Faculty:

Name _____ Signature _____

Supervisor:

Name _____ Signature _____

TRANSFER

From department _____ to _____

From building _____ to _____

From room _____ to _____

From floor _____ to _____

SURPLUS *(in excess to current needs. Please indicate condition below)*

- Excellent – New and/or unused equipment
- Good – Used equipment which has not deteriorated in condition and/or appearance
- Fair – Used equipment which may require repairs
- Poor – Used equipment that has deteriorated in condition and/or appearance
- Scrap – Equipment which has no value, is not repairable.

Comments

..... **BUSINESS OFFICE USE ONLY**

Received by:

Supervisor Signature _____ Date _____

Released by:

Supervisor Signature _____ Date _____