



### Equipment Transfer/Surplus Form

Inventory Tag / Asset # \_\_\_\_\_ Model # \_\_\_\_\_ Serial # \_\_\_\_\_

Description \_\_\_\_\_

Department Property Control Designee \_\_\_\_\_

**Transfer** from Department \_\_\_\_\_ to Department \_\_\_\_\_

- from Building \_\_\_\_\_ to \_\_\_\_\_
- from Room \_\_\_\_\_ to \_\_\_\_\_
- from Floor \_\_\_\_\_ to \_\_\_\_\_

Released by: Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

- 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:

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*Please return original form to Property Control Coordinator, Deb Snyder, 101 Bray Hall and retain copy for Department records.*