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:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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