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: Supervisor Signature ___________________________ 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:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Original: Property Control Coordinator, Deb Snyder
Copy: Releasing Supervisor,
      Receiving Supervisor,

Please return original form to Property Control Coordinator and retain copy for Department records.