



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

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

Excellent – New and/or unused equipment

Good – Used equipment which as 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

Scrape – Equipment which has no value, is not repairable.

Comments:

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