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.