

PROPERTY MANAGEMENT

REQUEST FOR PROPERTY SURVEY

•		2			3.			
Name of Department		School or Division				Date		
l							Disposal	Number
Name of Department Head								
Description & Serial No.	Tag No.	Date Purch	Cost	Location	Condition	VT	PU	PS
Description & Serial No.	Tag No.	Date Pulcii	Cost	Location	Collattion	VI	ru	rs
-		+						
		1						
		+						
-		1						
5. Is this item being traded-in?	Yes	No	If yes, plea	se attach a co	py of the pu	ırchas	se order	
Proposed Disposition:	a madia?	N						
B. Does this equipment contain electronic storage media? Yes: No: If yes, please attach the completed Electronic Data Sanitization Verification form . Please note: the Property								
Management Office will not process your request without the completion of this form.								
Name of person to contact for information on this equipment.								
information on this equipment: School Dean or Department Administrator:						Ext.		
						Date	:	
Print Name		Signature						
1 Fint Ivanic	FOR	OFFICE USE	ONLY:					
Survey Board Recommendation:								
Signatures, Survey Board:						D		
						Date		
						Date		
						Date		
					Picked u	p by:		
					Pick up	date:		
					ems Dispo			
				No. of Ite	ems in Stor	age:		