



CENTRAL WAREHOUSE

SURPLUS PROPERTY DISPOSITION REQUEST

DEPARTMENT: _____ ACCOUNT #: _____

Description of equipment: _____	

FAAC (CNU tag) #: _____	Serial #: _____

LOCATION	
Building: _____	Room #: _____

PURCHASE	
Date: _____	Cost \$ _____
Current estimated value of equipment: \$ _____	

CONDITION	New _____	Good _____	Fair _____
	Poor _____	Scrap _____	Trash _____

Please note that all information on computer hard drives must be deleted entirely prior to being surplus. By signing this form you are certifying that the drives are completely erased.

Property remains in the care and custody of the department until picked up by Central Warehouse.

Please send this request to the Warehouse, Attn: Warehouse Supervisor

_____	_____	_____
Department Account Manager	Title	Date

Approval for Pick-Up:

_____	_____	_____
Warehouse	Title	Date