

Transfer Form for Surplus/Obsolete Equipment, Furniture, Misc. Items

Date Initiated:	Work Order #:	Box #:	of	Total Boxes
Requestor:		Bldg. or Dept:		
Contact Person:		Location of Pickup Items:		
<input type="checkbox"/> Equipment	<input type="checkbox"/> Furniture	<input type="checkbox"/> TV/VCR/DVD (Electronics)	<input type="checkbox"/> Licensed/Titled Vehicles	<input type="checkbox"/> Office Supplies <input type="checkbox"/> Misc. Items

CONDITION CODES: Use these codes to describe the condition of the obsolete/surplus items U = USABLE R = REPAIRABLE NG = UNUSABLE

Asset Tag #	Qty.	Model, Serial, License #	Description	Condition Code	Hand Truck or Pallet Jack	Transfer To

Transfer Authority	FOR WAREHOUSE USE ONLY
	<i>Work Order # for xfer:</i>
	<i>DES #:</i>
Building Administrator or Designee	<i>Notes:</i>
Distribution of Form: ORIGINAL To SSEM / Copy for your records / Copy with Surplus (Write Work Order # on all boxes)	

SURPLUS PROCESS

Misc Form 333-MS

