

Form # \_\_\_\_\_

## EXCESS AND SURPLUS PROPERTY DISPOSAL FORM

**Instructions:**

1. Use this form to report all inventorial equipment that is excess to your department's needs (for sale or disposal).
2. List all equipment individually and evaluate the working condition of each item.
3. Verify that you have custody of, and UC has title to, each item. If unsure, check the item's status in the campus inventorial database (CATS), or contact Equipment Management at ext. 2389.
4. Forward the signed and completed form to Equipment Management.

Department:	Inventorial Custodial Code:
Contact:	Phone:

**The following items are excess to the unit's needs:**

Note: you may substitute an equipment listing from your department's database as long as it includes <b>ALL</b> seven fields shown below. Complete the other sections on this form and attach this form to your list.				<i>For Furniture Services and Equipment Mgmt. use only.</i>		
Property #	Description	Does it work?	Title vests with	NOI (✓)	Pick Up (✓)	CATS (✓)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> UC <input type="checkbox"/> Other			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> UC <input type="checkbox"/> Other			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> UC <input type="checkbox"/> Other			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> UC <input type="checkbox"/> Other			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> UC <input type="checkbox"/> Other			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> UC <input type="checkbox"/> Other			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> UC <input type="checkbox"/> Other			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> UC <input type="checkbox"/> Other			

**Notes (location of equipment, special instructions, comments on repairs needed, etc.):**

**Furniture Services:**

Name	Pick Up Date
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**Approvals:**

Current Custodial Department	Date
Central Stores	Date
Equipment Management	Date