

SURPLUS SHOP TRANSFER REQUEST FORM

INSTRUCTIONS:

Complete all sections regarding the item(s) you wish to request from our Surplus Shop to be transferred to your departmental account. The Office of Equipment Management will then contact you in regards to your request.

| Item Number | Item Description | New location of asset Building/Room | OEM Approval |
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Account Manager: _____

Phone: _____

Account Number: _____

Date: _____

Contact Person: _____

Phone: _____

(Please Print)