

Report of Surplus Property

(Detailed Instructions on page 24 of PCS User Manual)

Return Completed form to Property Control, Box 82

Retain Green copy for Department Records

FOR PROPERTY CONTROL USE ONLY

PC #

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Property listed below is no longer required by this Department. For further information about property contact:

(Print) Jennifer Brown Phone # X7633

Jennifer Brown 07130 109
SIGNATURE DATE

EQUIPMENT COORDINATOR OR AUTHORIZED SIGNATURE

NOTE: PLEASE INDICATE ANY SPECIAL INSTRUCTIONS FOR REMOVAL OF EQUIPMENT. PROPERTY CONTROL will not accept surplus equipment which contains fluids, chemicals, drugs or lab specimens.

Medical Research Library of Brooklyn 670405
DEPARTMENT NAME* ACCOUNT #

RF412-

GRANT # (IF APPLICABLE)

HSCB MAILBOX

Department name and function code should be of department filling the Surplus form.

EQUIPMENT INFORMATION

ROOM	ASSET TAG #	DESCRIPTION	MANUFACTURER	MODEL #	SERIAL #	CONDITION	WORKING
HSEB EB47		File Cabinet	Schur letter			<input type="checkbox"/> EXC <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
HSEB EB47		File Cabinet				<input type="checkbox"/> EXC <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
HSEB EB47		File Cabinet				<input type="checkbox"/> EXC <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
HSEB EB47		File Cabinet				<input type="checkbox"/> EXC <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
ASEB EB47		File Cabinet				<input type="checkbox"/> EXC <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
HSEB EB47		File Cabinet				<input type="checkbox"/> EXC <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
HSEB EB47		File Cabinet				<input type="checkbox"/> EXC <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
HSEB EB47		File Cabinet				<input type="checkbox"/> EXC <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
HSEB EB47		File Cabinet				<input type="checkbox"/> EXC <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
HSEB EB47		File Cabinet				<input type="checkbox"/> EXC <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
HSEB EB47		File Cabinet				<input type="checkbox"/> EXC <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
HSEB EB47		File Cabinet				<input type="checkbox"/> EXC <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N

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Funds from which item(s) were purchased _____ Proceeds (if any): \$ _____ Deposit Amount _____ Final Disposition _____

OBSERVER SIGNATURE

DATE