

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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of

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

(Print)

Jennifer Brown

Phone #

X7633

713/109

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

DEPARTMENT NAME*

ACCOUNT #

RF412-

GRANT # (IF APPLICABLE)

HSCB MAILBOX #

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

EQUIPMENT INFORMATION

ROOM	ASSET TAG #	DESCRIPTION	MANUFACTURER	MODEL #	SERIAL #	CONDITION	WORKING
EB 67	No Tag	Laser Video Disc	Pioneer	LD-24400	3911880	<input checked="" type="checkbox"/> EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
67	No Tag	Laser Video Disc	Pioneer	LD-24400	3910278	<input checked="" type="checkbox"/> EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
67	No Tag	Laser Video Disc	Pioneer	LD-24400	3911902	<input checked="" type="checkbox"/> EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
67	No Tag	Laser Video Disc	Pioneer	LD-24400	3909980	<input checked="" type="checkbox"/> EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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Funds from which item(s) were purchased

Proceeds (if any): \$

Deposit Amount

Final Disposition

OBSERVER SIGNATURE

DATE