



**Send Completed Form to:** Send Completed Form to: You can sign electronically send a copy via email to [PropertyControl@Downstate.edu](mailto:PropertyControl@Downstate.edu)

For PCS Use Only:

PC # \_\_\_\_\_

## REPORT OF SURPLUS PROPERTY

**The Property listed below is no longer required by this department.  
For further Information about this property, contact:**

Print Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Your signature Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Equipment Coordinator or Supervisor Authorized Signature

### **Indicate any Special Instructions for removal of equipment:**

Fluids, chemicals, specimens or other hazardous materials must be properly removed prior to surplus. )

IT Ok Date: \_\_\_\_\_ Ticket Number: \_\_\_\_\_

Department Name			State Acct#		Research Grant# (Project, Task, and Award#)			DMC MailStop#	
Building	Room #	Asset Tag#	Description	Manufacturer	Model#	Serial#	Condition	Working	
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes  <input type="checkbox"/> No	

**DO NOT WRITE BELOW THIS LINE: For PCS Use Only:**

Approved by :	\$ Proceeds (if any, deposited to)	Comments	Final Disposition Observer/ Date
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