



SURPLUS REQUISITION FORM

DATE OF REQUEST: _____

REQUESTED MOVE DATE: _____

WORK ORDER# _____

Transferred From: GSU Surplus Operations 555 North Indian Creek Drive, Building CM Clarkston, GA 30021 Phone: 678 891-3325 Fax: 678 891-3932 Email: propertycontrol@gsu.edu	Transferred To: Department: Point of Contact: Building & Room Number: Phone: Fax: Email:
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All asset items must be listed separately and identified by Asset ID# and Serial Number. Non-asset items may be grouped by type and do not require Asset ID# and Serial Numbers.

Line	Quantity	Asset ID#	Serial Number	Description (Item, Make, & Model)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Remarks:

Please sign below and allow up to 10 (Ten) working days for removal.

REQUESTING DEPARTMENT	TRANSPORTING PERSONNEL
REQUESTED BY:	RECEIVED BY:
SIGNATURE	SIGNATURE
DATE:	DATE:
RECEIVING DEPARTMENT	AM RECORDS UPDATE
RECEIVED BY:	UPDATED BY:
SIGNATURE	SIGNATURE
DATE:	DATE: