ILLINOIS STATE UNIVERSITY
Inventory Management/Property Control
Surplus Removal Request Form

A 'Request for Facilities Management Services' form must accompany this form.
Please complete both forms and send to Facilities Management @ Campus Box 9000 for processing. For questions, call 8-3150. **All grayed areas for PC use only.**

Department Name & Inventory Number _____ Department Location: Bldg_____ Room_____

Contact Person_____ _____ Contact Phone _____ Date_____

For Computers: The person signing here certifies that any computers listed below contain only appropriate operating systems and that all departmental files have been removed.

Name/Title_____Signature_____

Rec'd by FM Movers Ö	Rec'd by Property Control Ö	ISU Tag Number	Equipment Description	Condition (Good, Fair, Poor)	Equipment Location Bldg	Equipment Location Room	Reason for Surplus	Property Control Approval Y/N	Action Taken S=for Scrap R=for Reissue 40=to Springfield

******The following is to be completed at time of pick up.**
Make any additions or deletions to the sheet and initial. ***Please sign below at time of pick up.***

Departmental Representative_____ Facilities Management Mover_____

Received at Property Control Warehouse by_____ Date_____ Filed_____