

SURPLUS TRANSFER REQUEST FORM



DATE OF REQUEST: _____

REQUESTED MOVE DATE: _____

WORK ORDER# _____

Transferred From:		Transferred To:	
Department:		GSU Surplus Operations	
Contact Person:		934 Brady Avenue, Suite B	
Building:	Room:	Atlanta, GA 30318-5581	
Phone:		Phone: 404 413-3169	
Fax:		Fax: 404 413-3171	
Email:		Email: propertycontrol@gsu.edu	

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. Condition: (1) Good - functionally operational, (2) Fair - limited repairs necessary (3) Poor - major repairs necessary (4) Scrap

Line	Quantity	Asset ID#	Serial Number	Description (Item, Make, & Model)	Condition
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Remarks:

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

RELEASING DEPARTMENT	CAMPUS MOVING CREW
RELEASED BY:	RECEIVED BY:
SIGNATURE	SIGNATURE
DATE:	DATE:

Note: Releasing official's signature certifies the asset information if applicable is correct and all software and data has been removed prior to being transferred to Surplus Operations. Fax completed form to Surplus Operations at 404 413-3171. Any questions concerning your work order, please contact Customer Communications Center at 404 413-0700.

SURPLUS OPERATIONS	AM RECORDS UPDATE
RECEIVED BY:	UPDATED BY:
SIGNATURE	SIGNATURE
DATE:	DATE:

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Line	Quantity	Asset ID#	Serial Number	Description (Item, Make, & Model)	Condition
14					
15					
16					
17					
18					
19					
20					
21					
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