



SURPLUS TRANSFER REQUEST FORM

DATE OF REQUEST: _____

REQUESTED MOVE DATE: _____

WORKORDER NUMBER: _____

Transferred From:	Transferred To:
Department:	GSU Surplus Operations
Contact Person:	934 Brady Avenue, Suite B
Building & Room:	Atlanta, GA 30318-5581
Phone:	Phone: 404 413-3170
Fax:	Fax: 404 413-3168
Email:	Email: propertycontrol@gsu.edu

List asset items separately 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					

Remarks:

SIGNATURE REQUIRED - PLEASE ALLOW UP TO TEN (10) BUSINESS DAYS FOR REMOVAL

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

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 404 413-3168. Any questions concerning your work order, please contact the Customer Communications Center at 404 413-0700.

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

SURPLUS TRANSFER REQUEST FORM CONTINUATION SHEET

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
13					
14					
15					
16					
17					
18					
19					
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REMARKS: