

**SUNY POTSDAM
PROPERTY CONTROL SYSTEM
PROPERTY TRANSFER/SURPLUS FORM**

Date _____

Reason for Request:

Surplus/Disposal: Current Location: Department _____

Building _____ Room _____

Transfer: Current Location: Department _____

Building _____ Room _____

New Location: Department _____

Building _____ Room _____

Decal #	Item Description	Serial #	Model	Condition excellent, good, fair, poor, scrap	Operational Y or N

Comments:

Departmental Authorization:

Requester _____ (Print name) _____ (Signature)

Department Head/Designee _____ (Print name) _____ (Signature)

Physical Plant/Property Control Coordinator _____ (Signature)