

**PICK-UP/TRANSFER WORK ORDER
SURPLUS EQUIPMENT / FURNITURE**

Retain a copy for your records

School / Dept. _____

Date _____

Building: _____ Room Number: _____

_____ Contact Person & Phone Number for Pick-up Arrangements

Approved By: _____
Principal / Dept. Head

1. SPECIFY QUANTITY, 2. LIST ITEM DESCRIPTION, 3. INCLUDE TAG NUMBER (IF APPLICABLE), 4. OR 5. MARK AN "X", 6. SPECIFY SITE/ROOM RE-LOCATION

1.) QUANTITY	2.) DESCRIPTION OF ITEM	3.) ASSET TAG/BAR CODE NUMBER(S)	4.) NO LONGER USEABLE (Broken, obsolete, etc)	5.) IN USEABLE CONDITION	6.) TRANSFER TO SITE OR ROOM (WITHIN A SITE)

APPROVED BY _____ Administrator, Procurement & Contracts

APPROVED BY _____ Director of ITS (When technology related equipment is listed)