

STATE UNIVERSITY OF NEW YORK AT GENESEO
EQUIPMENT TRANSFER/SURPLUS FORM

Please use this form for all property. This form must be completed & sent to Property Control in order to relocate or dispose of any SUNY Geneseo property.

DEPARTMENT: _____ BLDG.: _____ RM: _____ DATE: _____

SUNY Property Control #	Serial Number	Item Description	Manufacturer	Model	Condition (Good, Fair, Poor, or Inoperable)	Office Use - Work Order Number if applicable

Reason for Request: (check the box that applies)

Transfer to another user within the same department (indicate name & room #): _____

Transfer to another user in another SUNY Geneseo department (indicate name, dept. and room #): _____

Surplus (state why you wish to dispose of this item): _____

Please indicate if the Facilities Services' Moving Crew is needed to relocate these items? Yes No *Account to charge: _____

*All departments, with the exception of those in the Division of Academic Affairs must provide a source of funding for the moving crew.

TRANSFER APPROVAL

Department Chair/Director: _____ Date: _____
(Signature)

Receiving Chair/Director: Please check equipment listed above to make sure you have received the correct items & sign below.

Receiving Chair/Director: _____ Date: _____
(Signature)

Please retain a copy for your records and **return this form to the Procurement & Property Control Services Office located in Doty Hall 315.** If you have any questions or concerns, please contact Procurement & Property Control Services at 245-5100.