# ASSET REMOVAL FORM

**DATE:** _____ **LOCATION:** _____ **PRINCIPAL/DIRECTOR SIGNATURE:** _____

| QTY | ASSET BARCODE | ITEM DESCRIPTION | (IF NO BARCODE) SERIAL | CAMPUS/RM | REASON FOR DELETION | OFFICE USE ONLY | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | TRANSFER FOR RE-USE | | (IF APPLICABLE) BOARD APPROVAL | REMOVED FROM F/A SYSTEM |
| | | | | | | CAMPUS | ROOM | | |
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**SURPLUS STORAGE LOCATION :** _____

*(TO BE COMPLETED BY MAINTENANCE)*

**LOT #** _____

**AUCTION #** _____