

BUFFALO STATE UNIVERSITY

Original Report of Surplus College Property  
 Original form to Property Control, Karner Hall 153  
 Retain a copy for your file

Name of Reporting Department: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Ext: \_\_\_\_\_

ITEM	Location	Make	Model	Serial/SUCB
1)				
2)				
3)				
4)				
5)				
6)				

Below, write "good", "fair", or "poor" corresponding with the same number as above. Please note that an item is in Poor condition when it does not fulfill the purpose for which it was designed.

Condition	Good/Fair/Poor	Physical Assessment: missing parts, damage, need repair *
Item #1 from above		
Item #2 from above		
Item #3 from above		
Item #4 from above		
Item #5 from above		
Item #6 from above		

\* If none, enter 'none.'

Reason for releasing item(s) to Property Control: \_\_\_\_\_

NOTE: Item(s) noted herein are officially transferred to Property Control stewardship only when this form is fully completed and returned to Property Control. The reporting department is otherwise responsible for its safekeeping, protection from theft, damage, the elements, etc., until item(s) are removed.

\_\_\_\_\_  
 (signature of predominant user of item(s))

DATE \_\_\_\_\_

**ALL SIGNATURES ARE  
 REQUIRED BEFORE ITEM(S)  
 WILL BE REMOVED**

\_\_\_\_\_  
 (signature of supervisor of predominant user)

DATE \_\_\_\_\_

\_\_\_\_\_  
 (signature of department chair/director)

DATE \_\_\_\_\_

I attest that the property listed herein is no longer required for use by my department for the reason listed; that I have examined the item(s) carefully; that the information pertaining to physical condition has been accurately reported and that I understand all information stipulated on this form.

FOR Property Control USE ONLY  
 SURPLUS PROPERTY DISPOSITION

Item(s) number(s) listed below are to be: (check the box and fill in the information)

Item	Submitted for Surplus (date of termination)	Placed in Storage (WO# to move, storage located, date)	Scrapped (WO# to dispose, date)	Reclaimed by Department (date reclaimed)	Transferred to another Dept. (WO#, date, new located and dept.)
1.					
2.					
3.					
4.					
5.					
6.					

Both signatures are required below if the above item(s) is/are to be submitted to SUCF or scrapped.

Property Control \_\_\_\_\_ DATE \_\_\_\_\_

Dir of Fac & Bus Oper. \_\_\_\_\_ DATE \_\_\_\_\_ (03/18)