

Surplus Property Removal Report

Department Information

| | |
|-----------------|--|
| Department Name | |
| Date | |
| Contact Person | |
| Contact Number | |

Property Details

| Item Description | Asset Tag/Number | Quantity | Condition | Reason for Removal |
|------------------|------------------|----------|-----------|--------------------|
| | | | | |
| | | | | |

Removal Authorization

Authorized By: _____

Date: _____

Department Head: _____

Date: _____