

# Office Furniture Asset Removal Request Form

Requester Name

Department

Contact Information

Requested Removal Date

Asset Details

Asset Description	Asset ID/Tag	Quantity	Condition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for Removal

Additional Notes

Approver Name

Approver Signature

Approval Date