

# University Asset Surplus Removal Authorization

Department:  
Contact Person:  
Phone/Email:  
Date:

## Asset Information

Asset Tag / ID	Description	Serial Number	Condition	Estimated Value

## Reason for Surplus Removal

## Authorization

\_\_\_\_\_ Authorized Department Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Asset Management Approval

\_\_\_\_\_ Date