RELOCATION OF USABLE OR OBSOLETE EQUIPMENT

Check the appropriate box below. One form per item.

Relocation of Equipment

• Fill out <u>General Information</u> and <u>Relocation of Equipment</u> sections. <u>Signatures required</u>. Copy signed form and send to Julie Shires at the SSC. Attach one signed copy to the equipment to be relocated.

Obsolete Equipment

• Complete the <u>General Information</u> and <u>Obsolete Equipment</u> sections. Forward a copy of the signed form to SSC District Office, Attn: Warehouse. Attach one signed copy to the equipment.

Equipment cannot relocated, picked up nor be delivered to the SSC Warehouse without a completed copy of this form with principal's signature.

| GENERAL INFORMATION (Required) (This area MUST be completed prior to submitting form to SSC-Support Services Department.) | | | | |
|---|-----------|----------------------|------------|----------------|
| Name Date | | Phone Ext. | Site | Room # or Bldg |
| District Bar Code No. (5 digits) Serial No. | | | Type of Ea | vuinment |
| District Bar Code No. (5 digits) | | Type of Equipment | | |
| Department Chair Signature (Release Equipment) *Required | | Date | | |
| | | | | |
| Principal-Plant Manager-District Director Signature *Required | | Date | | |
| | | | | |
| RELOCATION OF EQUIPMENT | | | | |
| Location Moved From | | Location Moved to | | |
| Site Room # or Bldg. | | Site Room # or Bldg. | | |
| Relocation Completed by (print name) | | Date | | |
| | | | | |
| OBSOLETE EQUIPMENT- for Delivery or pick-up to SSC | | | | |
| Make and Model | | | | |
| Description of Equipment | | | | |
| Condition of Equipment (Check one box only): | Fair Poor | Broken/Nee | ds Repair | Under Warranty |
| WAREHOUSE USE ONLY | | | | |
| Date Equipment Picked Up or Delivered | | Received By | | |
| Board Action Date Ewaste | | Auction Sale # | | |