

EQUIPMENT DELETION NOTICE

TO: Central Receiving/Stores Supervisor centralreceiving@tamuk.edu

FROM:	Department:	Dept. Phone#:	Date:
	Dept. Contact:	Dept. Fax#:	

LOCATION OF ITEM:

Building and Room Number of Equipment Location

	DOES IT WORK?				STATE PROBLEM	DAMAGED? DESTROYED?	RECEIVING
OTV			TAMUK Property				OFFICE ACTION
QTY	Y/N	ITEM DESCRIPTION	ID#	SERIAL #	IF NOT WORKING	UNUSABLE?	OFFICE ACTION

	Department Head Name (typed)	Department Head Sign	Department Head Signature				
	Submit via email to Receiving Department a <mark>t centralreceiving@tamuk.edu</mark> & propertyattg@tamuk.edu						
	For L	Ise by Receiving Office					
Y / N							
Cannibalized:							
Damaged:							
Disposed:	Received by:						
Sold/Auctioned:		Receiving Dept Employee (typed)	Signature	Date			
Recycle Eligible:	5						
	Released by:						
Storage Location:		Department Employee (typed)	Signature	Date			