EQUIPMENT DELETION NOTICE

PLEASE TYPE

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

FROM: Department: _____ Dept. Phone#: _____ Date: _____

Dept. Contact: _____ Dept. Fax#: N/A

LOCATION OF ITEM: _____

Building and Room Number of Equipment Location

QTY	DOES IT WORK? Y / N	ITEM DESCRIPTION - BRAND & MODEL	TAMUK Property ID#	SERIAL #	STATE PROBLEM IF NOT WORKING	CONDITION	RECEIVING OFFICE ACTION

_____ _____ _____

Department Head Name (Print) Department Head Signature Date

Submit via email to Receiving Department at centralreceiving@tamuk.edu

For Use by Receiving Office

	Y / N
Cannibalized:	
Damaged:	
Disposed:	
Sold/Auctioned:	
Recycle Eligible:	

Storage Location: _____

Released by: _____

Department Employee Print) **Signature** **Date**

Received by: _____

Receiving Dept Employee (Print) **Signature** **Date**

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