TRUMAN STATE UNIVERSITY

Declaration of Surplus Property

Please complete form and return to Inventory Control, 105 McClain Hall. Please type or print.
Property not listed on this form will not be picked up by Physical Plant.

Department _____ Date _____

Signature of Division/Department Head _____ Best Possible Pickup Time(s) _____

Property Location (Building, Room) _____

Name of Contact Person _____ Contact Telephone Number _____

Item	Tagged	University Inventory Tag No.	Complete Description Required	Serial No.	Inventory Control Use Only
1	☐ Yes ☐ No				
2	☐ Yes ☐ No				
3	☐ Yes ☐ No				
4	☐ Yes ☐ No				
5	☐ Yes ☐ No				
6	☐ Yes ☐ No				
7	☐ Yes ☐ No				
8	☐ Yes ☐ No				
9	☐ Yes ☐ No				
10	☐ Yes ☐ No				
11	☐ Yes ☐ No				
12	☐ Yes ☐ No				

For Inventory Control Use Only Approved ☐ Yes ☐ No Initials _____ Date _____

For IT Services Use Only Approved ☐ Yes ☐ No Initials _____ Date _____

For Physical Plant Use Only

Comments: _____

Scheduled Pickup Date _____

Date Pickup Completed _____

Worker's Signature _____

Attach Inventory Tag: Glue or Tape