

OSU Surplus Property Pick-up Request (WORKSHEET)

DATE _____

Department _____
Phone _____

Contact Person _____

INSTRUCTIONS: CALL BEFORE PICK-UP? † Yes † No

1. Type or print **legibly**.
2. **All inventory numbers on items must be listed.**
3. Mail or Fax (7-2170) to **Property Services** (Retain a copy for your records.)
4. Items containing Hazardous Waste must first be approved by EH&S, 7-2273. 5. These forms can also be done at our web site;

I understand that _____ (department) is donating these items and will receive no monetary value for them. Signature _____ Date _____
 Approved (Dean/Director/Department Head) _____ Date _____
 (COMPLETION OF THIS DONATION SECTION IS OPTIONAL.)
 Any questions concerning equipment donation please contact 737-7347.
 Organization to donate to: _____

					*** PROPERTY MANAGEMENT USE ONLY ***			
#	Inventory Number	Item Description	Does It Work? Y/N	Location <small>BuildingName/Room #</small>	Picked Up?	Audit	Price	Notes
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

ADDITIONAL INFORMATION/COMMENTS:

***** PROPERTY MANAGEMENT USE ONLY *****

#	Inventory Number	Item Description	Does It Work? Y/N	Location BuildingName/Room #	Picked Up?	Audit	Price	Notes
16								
17								
18								
19								
20								
21								
22								
23								
24								
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ADDITIONAL INFORMATION/COMMENTS: