## LONGWOOD UNIVERSITY

Surplus Form
Please submit to MaterielManagement@longwood.edu or send to Eason 215A

Department: Department Head:				
Inventory Custodian:Phone:				
Location of items: Building Name:	Room Number:		Date:	
Item Description	Serial Number	Asset Tag #	Quantity	Room # (if multiple locations)
	-			
(Serial Number & Asset Tag	g Number must be in	cluded)		
ACTION REQUESTED: Check One	Further Deta	il or Reason:		
Surplus	-			
Destroyed			_	
Unusable				
FOR PROPERTY CONTROL USE ONL	Y COMMENTS:			
	-			
PICKUP DATE: SIGNATURE:				