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 Number must be included)

ACTION REQUESTED: Check One

- ☐ Surplus
- ☐ Destroyed
- ☐ Unusable

Further Detail or Reason:

_____
_____
_____
_____

FOR PROPERTY CONTROL USE ONLY COMMENTS:

PICKUP DATE: _____
SIGNATURE: _____