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**Surplus Furniture and Equipment Disposal Request Form**

Instructions: the department where the surplus furniture or equipment is identified should complete this form. All surplus equipment must be completely free of hazardous material, whether it be of chemical, radioactive, or biological nature.

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| Department Name: | | | Name of Contact: | | |
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| Department Address: | | | Phone: | | |
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| Department Chartfield: | | | | | |
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| **Quantity** | **Description of Surplus** | **Condition**  **(W)=Works**  **(D)=Does not work** | **Item Serial #** | **Notes** |  |
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# Requestor's Signature:

Dean/Director Signature: