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|  | Surplus Request Form |  |
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|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Please complete and submit this form to PropertyControl@westernu.edu | | | | | | | | Click or tap to enter a date. |  | Click or tap here to enter text. | | | | | | Request Date |  | Employee Name (First and Last Name) | | | | | | Click or tap here to enter text. | | |  | Click or tap here to enter text. | | | | Department/College | | |  | Desired Item: Specify T or M number | | | | Click or tap to enter a date. | or | Click or tap to enter a date. |  | Click or tap here to enter text. | | | | Preferred Delivery Date(s) and Time(s)  *(Please note: Any desks or large furniture requiring removal prior to delivery must submit a facilities removal request separate from this form)* | | |  | Delivery Location (Building/Room) | | | |  | | | | |  |  | | Employee Signature | | |  |  |  | Date | |  | | |  |  |  |  | | Material Management Team to Fill-in Below | | | | | | | |  | | | | | | | |  | | |  |  | | | | Verified by | | |  | Item #(s) | | | |  | | | | | | | | Delivered Date | | | | | | | |  | | | | |  |  | | Authorizing Signature | | |  |  |  | Date | |  |