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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 |

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