

Please send all requests to ron.ardelean@mga.edu

						Request Date:	
Department Information			Receiving Department Information			Page of	
From Department:			To Department:			Action Requested:	Additional
Property Location:			Property Location:	Property Location:			Comments
Address 1:			Address 1:	Address 1:			
Address 2:			Address 2:				
City:	State:	Zip:	City:	State:	Zip:		
Location Contact:			Location Contact:				
Phone:			Phone:				
Email:			Email:				

Line #	Qty	Item Description	Brand/Make	Model	Serial/VIN	Condition	State ID Tag #
							1
							1
							1

Please complete this form for all disposal, surplus, or location changes to any assets. Give as much information as possible for each item listed and remember to enter Tag# for state property tag if one is attached to any of the assets listed. Send this completed form or any questions concerning this process to ron.ardelean@mga.edu

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Property Released by

Date

Property Received by

Date