NEW JERSEY INSTITUTE OF TECHNOLOGY

SURPLUS PROPERTY REPORT FORM

DATE:  _________________________________

This form must be typed or written in ink. A separate form must be completed for each equipment item or lot. Items such as chairs, tables, desks, miscellaneous office supplies, etc. may be grouped as one lot. To ensure equipment is removed from your department, the NJIT Bar Code Number (or Inventory Control Number) and FRS Account Number must be supplied. Mail completed forms to Purchasing (Eberhardt Hall).

(To Be Completed By Department)

DESCRIPTION:  _______________________________ Purchase Order # ___________________________

NJIT BAR CODE NUMBER (or Inventory Control Number):  ________________________________________________________

MANUFACTURER:  _____________________________ MODEL: _______________ QUANTITY: ___________________________

SERIAL#: _________ AGE: __________ ESTIMATED VALUE: ______________ ORIGINAL VALUE: _____________

CONDITION: NEW ☐  GOOD ☐  FAIR ☐  POOR ☐  NEEDS REPAIR ☐  PARTS MISSING ☐

DEPARTMENT NAME:  ________________________________________________________________________________________

FRS ACCOUNT #: _________________________________________

LOCATION OF ITEM: BLDG/RM ______________________________________________________________________________

PERSON TO SEE FOR PICKUP: ____________________________ PHONE /LOCATION: __________________________________

DEPARTMENT HEAD/PRINCIPAL INVESTIGATOR:  (PLEASE PRINT)  _________________________________________________

SIGNATURE:  ______________________________________     DATE: _________________________________________________

SURPLUS PROPERTY PICKUP & STORAGE INFORMATION (This section will be completed upon pickup)

Item Disposition:  Picked UP ☐  Missing ☐  Dept Kept ☐  Another Dept. Picked Up ☐

Detail Location: ___________________________________________________________________________________________

Department signature to verify that the information above is accurate to ensure proper disposition of your asset:

Name (please print):  ___________________  Signature:  ______________________________  Date:  _______________________

Placed in Storage:  Warehouse ☐  Other Location _______________________________  Date:  _______________________

Physical Plant Personnel Signature: __________________________________________________________________________

GENERAL ACCOUNTING USE ONLY

Location Update: ___________________________________________________________________________________________

Custodian Update: __________________________________________________________________________________________

CC: Purchasing Department