USM TAG REMOVAL FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Asset #: |  |
| Department: |  | DeptID #: |  |
| Building/Room: |  | Telephone #: |  |
| Removed by: |  | Serial #: |  |
| Description: |  |
| Reason for Removal: |  |
| Company Sent for Repairs: |  |
| Department Property Contact: |  |
| Department Signature: |  |

Please call Property Accounting at 601-266-4439 when item or replacement is returned for re-tagging. If asset is not returned or replaced, please give explanation and reason for disposal.

---PROPERTY OFFICE USE ONLY---

|  |  |  |  |
| --- | --- | --- | --- |
| Date Retagged: |  | Re-tagged by: |  |
| Was asset returned? |  | YES |  | NO |
| Was asset replaced? |  | YES |  | NO |
| New Serial Number (if replaced): |  |
| If not returned or replaced, please explain for purpose of disposal: |
|  |
|  |