



THE UNIVERSITY OF
SOUTHERN MISSISSIPPI

REQUEST TO DISPOSE OF ITEM/ TRANSFER TO SURPLUS

Your Details:

Name: _____ Department: _____

Location: _____ Phone: _____

Type of Disposal:

Transfer to Surplus _____ Donated _____ Scrapped _____

Details of Disposal Method: _____

Asset Tag Number:	Serial Number:	Manufacturer:	Model:

Description of Item(s):

Received by: _____

I understand and agree to hereby release the Gulf Park Physical Plant from all liability relating to the disposal or transfer of item(s) listed above to surplus.

Signature: _____