

DEPARTMENT NAME:_____

VIRGINIA STATE UNIVERSITY (212) FIXED ASSET ACCOUNTING CONTROL SYSTEM (FAACS)

SURPLUS PROPERTY REQUEST FORM

THIS FORM IS TO BE USED TO **REQUEST SURPLUS PROPERY**. THE FORM IS TO BE SUBMITTED TO FAACS DEPARTMENT ROOM 45 PHYSICAL PLANT BUILDING OR MAILED TO BOX 9208 OR FAX TO 5314.

BUILDING NAME AND ROOM NUMBER:		
TELEHONE NUMBE:		
BUDGET CODE	DATE	
SIGNATURE OF RESPONSIBLE PERSON (VP, DEAN, DIRECTOR OR CHAIR)	PRINT NAME	
DESCRIPTION	N OF ITEM'S REQUESTING	
1.	10.	
2.	11.	
3.	12.	
4.	13.	
5.	14.	
6.	15.	
7	16.	
8.	17.	
9.	18.	