



Office Use Only

SURPLUS REMOVAL REQUEST

Email the completed form to LogisticalSupport@Lamar.edu. If unable to scan, send to PO Box 10004.

Date Requested: _____ Department: _____

Requested by: _____ Phone #: _____

If Facilities services are needed, please include instructions in the comment section below. If you are requesting a desk be moved, please indicate if it is L shaped.

Inventory Tag #	Description	Serial #	Condition	Current Building & Room #	Cost <small>Office Use Only</small>

Comments:

If the items being removed are presently on your department's inventory, the property custodian must sign below.

Property Custodian's Signature: _____ Date: _____

OFFICE USE ONLY BELOW THIS LINE

SPA AFR Initials: _____ Date: _____

L DRIVE EMAIL DEPARTMENT Initials: _____ Date: _____