

SUNY Morrisville
Surplus/Transfer of Vehicle/Equipment
Acquisition Approval Form

REQUESTING DEPARTMENT:

CONTACT NAME:

ITEM LOCATION:

DATE/RESULTS OF INSPECTION:

ITEM IN (make, model, SN, condition)	ITEM OUT (make, model, SN)	PURPOSE (replacement or addition)

Please provide a thorough written justification for each proposed "Addition" acquisition. Use additional space if needed and attach to this form.

Property Control Coordinator:

Date:

Department Head, Dean/Director signature:

Date:

Chief Financial Officer/Cabinet signature:

Date: