

INSTRUCTIONS

SURPLUS PROPERTY TRACKING FORM

Purpose: Serves as receipt for items picked up and/or delivered to OFS Property Warehouse. Replaces the Inventory Change Report form (ICR) for those items listed and verified as surplus.

Fill out on-line and print form.

Only one department allowed per page.

List "U" University tagged inventory items first.

List non-tagged items second.

OFS Property Warehouse cannot accept "F" Federal, "S" State or "P" Private tagged items unless those items have documentation stating the owning person/agency has released title to NMSU.

Have Department Head sign form. Note: No ICR is required for this process.

Enter a work order online at <http://www.ppd.nmsu.edu/> select "Work Order Request" in the Directory (left side of the page). This will place your request in the que for pick up by the OFS Labor Crew.

Fax a copy of the form to the Property Office at 646-7337.

When the Labor Crew comes to pick up items, provide a department representative to verify all equipment being picked up. The original signed form is given to the Labor Crew for verification and signature. A copy is retained by the sending department. The Labor Crew will bring the original form to the OFS Property Warehouse for use as an additional verification of items listed.

The Property Office will provide the sending department with a copy of the completed form after receipt of the equipment at the OFS Property Warehouse. The original form shall be retained in the Property Office files.

If you have any questions about this form contact the Property Office at 6-3139 or e-mail at propoff@nmsu.edu.

The form appears as the second page of this document.

SURPLUS PROPERTY TRACKING FORM

Department
(One dept./page) _____

Pick-up
Location
Bldg. _____ Room _____ Work Order# _____

<u>No.</u>	<u>Barcode #</u>	<u>Metal Tag #</u>	<u>Description</u>	<u>Manufacturer</u>	<u>Serial #</u>	<u>Labor Crew</u>	<u>Prop. Whse.</u>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

** Note: Please list tagged inventory items first.

Drop Off Location: _____

Dept.* Head _____ Date _____	Dept.* Rep. _____ Pick-up Date _____	Labor Crew Rep. _____ Pick-up Date _____	Prop. Whse. Rep. _____ Rec'd Date _____
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* By signing this form, the sending department acknowledges that all betterments, attachments and components belonging to this (these) item(s) are included.