

PROPERTY ACTION REQUEST

DATE _____

TO BE COMPLETED BY INITIATING DEPARTMENT

1. Department initiating request: _____ POC/EXT _____
2. Request type:
A. _____ Transfer of Excess Property
B. _____ Declaration of Excess Property
C. _____ Request for Excess Property

Nomenclature _____ Serial No. _____

Property No. _____ Model No. _____

Manufacturer _____

Authorized Signature / Date _____

TO BE COMPLETED BY RECEIVING DEPT. IF (2A) CHECKED ABOVE

I received the above listed property item which will be located in _____

Signature / Date of Receiving Department _____

TO BE COMPLETED BY MEDICAL REPAIR

The above listed property item has been condition coded _____

Signature / Date _____

TO BE COMPLETED BY EQUIPMENT SECTION

I received the above listed property item which will be located in _____

Signature / Date _____

PMBS completed

Date / Signature _____