

# YORK COLLEGE EQUIPMENT TRANSFER / SALVAGE FORM

## PART I – Fill in all spaces

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Name \_\_\_\_\_ Dept. \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_ Tel. \_\_\_\_\_ Dept. Head Signature \_\_\_\_\_

State reason for the change in location / physical custody of equipment  Transfer  Salvage  Donation

Description	Manuf / model	CUNY Tag #	Serial #	Old Bldg / Floor / Room
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## PART II – Complete only one section A, B, or C

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### A. I. New Location - On Campus

Dept. \_\_\_\_\_ Bldg. \_\_\_\_\_ Floor \_\_\_\_\_ Room \_\_\_\_\_

### II. New Location – Off Campus

Name of Person or Organization which equipment has been assigned \_\_\_\_\_

Title \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: Equipment must be brought on campus to the property management department annually between February and May for re-inventory.*

### B. Computer Usability Assessment Test

Dept. \_\_\_\_\_ Dept. Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Computer Services /  Educational Technology

Technician (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### C. Condition of Equipment or Furniture to Salvage Facility

Good  Fair  Poor  Junk  
Is the equipment in working condition?  Yes  No

## PART III – Fill in all spaces

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B&G (Print Name) \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_