

YORK COLLEGE EQUIPMENT TRANSFER / SALVAGE FORM

PART I – Fill in all spaces

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

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

B&G (Print Name) _____ Title _____ Signature _____ Date _____