THE STATE UNIVERSITY OF NEW JERSEY
RUTGERS

Material Services

Building #4125 Livingston Campus
Phone: 732/445-2255 Fax: 732445-2018

Surplus Disposal Request Form

IPO #: _____

Request Date: ____/____/____

Instructions: This form should be completed by the department when a surplus pickup is requested. The completed and signed disposal request form authorizing surplus pickup should be attached to an internal purchase order and mailed to Material Services. All surplus equipment must be completely free of hazardous material whether it be of chemical, radioactive, or biological nature. Departments must obtain an authorized signature from the Department of Radiation and Environmental Health and Safety prior to requesting disposal by Material Services. No chemicals or asbestos can be accepted. **Condition Codes: (W)orks, (D)oes not work**

Department Name:	Name of Contact:
Department Address:	Phone:
Department Reimbursement Account Code:	

Quantity	Description of Surplus	Condition (W)orks (D)oes not work	Item Serial #	Rutgers Inventory Tag Number

Requestor's Signature: _____

Dean/Director/Dept. Head Signature: _____

INTERNAL USE ONLY (HEALTH/SAFETY DEPARTMENT)

Clearance Date: _____

Signature: _____Date: _____

INTERNAL USE ONLY (MATERIAL SERVICES)

Received by: _____

Date: _____