



Property Control Form

Please click submit to return the completed form to the Office of Finance and Business Services – Internal Control and Asset Management, 739A

Please Check Property Disposition type below:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Cannibalized | <input type="checkbox"/> Donated / Gift [Please attach "Agreement for Donation"] |
| <input type="checkbox"/> Salvaged | <input type="checkbox"/> Loss [Explain how: _____] |
| <input type="checkbox"/> Scrapped | <input type="checkbox"/> Stolen [Please attach "Incident Report and Police Report"] |
| <input type="checkbox"/> Obsolete | <input type="checkbox"/> Written Off [Explanation is required: _____] |
| <input type="checkbox"/> Traded | <input type="checkbox"/> Transfer <i>[If Transfer to Other CUNY College, approval from the receiving College's Property Manager is required]</i> |

Requestor / Liaison Name: _____
(Please print)

Department Name: _____

Building and Floor / Room: _____

Phone / Fax: _____ Date: _____

Authorization Given To:

The property listed below is no longer required by this department. Departments are responsible for evaluating the hazards and decontaminating lab equipment in accordance with all biological, radiation, and hazardous waste procedures. A decontamination form must be completed when necessary to ensure the safety of workers who move the equipment. This work is not appropriate for administrative staff and should be completed by trained faculty or staff. Please contact Environmental Health and Safety Officer in the Department of Public Safety and Risk Management for further assistance.

Requestor / Liaison Signature: _____

Chairperson/Director Name: _____

Signature: _____ Date: _____

Certified By

I CERTIFY THAT EQUIPMENT HAS BEEN EVALUATED AND ALL SOFTWARE AND PERSONAL FILES ARE REMOVED FROM EQUIPMENT BEING DISPOSED.

Information Technology

Personnel: (Please print and sign) _____ Date: _____

PROPERTY HAS BEEN PICKED UP / RECEIVED BY:

Stockroom & Central Receiving Personnel: _____ Date: _____
(Please print, sign)

JJC Tag #	Description	Manufacturer	Model #	Serial #	From	To	Chair Person/ Director Name	CUNY First Department Code
					Room #	Room #		

For Internal Control and Asset Management Office Use Only:

Asset Management Approval: (Please print and sign)

Date:



Property Control Form - Addendum

Please attach to the Property Control form and return to the Office of Finance and Business Services – Internal Control and Asset Management, 739A

Requestor Initial _____

Chairperson/Director Initial _____

IT Personnel Initial _____

Stockroom & Central Receiving Personnel Initial _____

JJC Tag #	Description	Manufacturer	Model #	Serial #	From	To	Chair Person/ Director Name	CUNY First Department Code
					Room #	Room #		

For Internal Control and Asset Management Office Use Only:

Asset Management Approval: (Please print and sign)

Date: