

NAUGATUCK VALLEY COMMUNITY COLLEGE

Removal Request Form

Submit Form:	To Receiving Department		
Requester's Name:		Title:	
Department:			
Phone Number:		Fax Number:	
Room Number:			
Email Address:			
Special Instructions:			

Coding:	FY	Fund	Org	Program	Account
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Signature:		Date:	
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Written Name:	
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Important Notices to Department Head:

- Your signature confirms that all equipment & accessories used with/or having contained radioactive or other hazardous materials, have been inspected & approved for surplus, shipping and/or storage by Environmental & Radiation Safety.
- Your signature confirms that Freon has been removed from all refrigerant equipment.
- Your signature confirms that all electronic storage equipment & devices have been transferred to Surplus Property, where they will be properly cleaned of information according to NVCC HIPAA policies.

Released By Signatures: (Signatures must be in order stated)	Date	Released By Signatures:	Date
_____ 1. Department Head _____ Typed Name - Mandatory		Received By Signatures: _____ _____	
_____ 2. Dean _____ Typed Name - Mandatory		_____ 1. Property Coordinator _____ Typed Name - Mandatory	
_____ 3. Director of Finance (Individual items over \$5,000.00 only) _____ Typed Name - Mandatory			

*Condition Codes: G=Good F=Fair P=Poor S=Scrap

Item Category:	<input type="checkbox"/> 1. Movable Assets	<input type="checkbox"/> 2. Computer Software	<input type="checkbox"/> 3. PC & Electronics		
Asset #	Description	Location	Model #	Serial #	*Condition