

**Surplus Property Pick-up**  
Southern Illinois University Edwardsville

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**Departmental Information (Section 1):**

Department Contact Person:

Phone:

From:

Property Control Unit Title--Unit Number

Department Fiscal Officer Signature

To: Surplus Property 76950-7SQ

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**Equipment Information (Section 2):**

(Please **verify** auto-populated information matches the equipment.)  
(Items not listed will **NOT** be picked up.)

Inventory Tag #	Description (inc. Make & Model #, if applicable)	Serial Number	Cost	Purchase Date	Current:		CMS Load #	Prop. Cont. Use
					Bldg #	Room #		

**Surplus Property Use Only:**