

Surplus Property Pick-up
Southern Illinois University Edwardsville

Departmental Information (Section 1):

Department Contact Person:

Phone:

From:

Property Control Unit Title--Unit Number

Department Fiscal Officer Signature

To: Surplus Property 76950-7SQ

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:

Surplus Property Signature

10/23/25