



WSU Property Management
 6050 Cass Ave. Rm 238
 Detroit, Michigan 48202
 (313) 577-3697
 (313) 577-9639 FAX

Surplus Equipment Departmental Transfer Form

Date: _____

Requestor Name & Title

Name of Department

requests the transfer of the following items from Property Surplus Warehouse located at 5900 Second St. to aforementioned department.

TAG #	DESCRIPTION	BUILDING ADDRESS	ROOM NUMBER

Signature Approval of Departmental Chairperson, Dean, Director or Other Authorized Official must be obtained prior to processing.

Authorized Signature

Title/Department

Phone Ext:

Important Note: This completed form **must** be accompanied with a memo from Chairperson, Dean, or Director, on letter head acknowledging the transfer of these items to designated department.