

Florida Atlantic University Property Accountability Form

TO: Director, Property Management, Admin (10), Rm 297

DATE: _____

FROM: _____
(Accountable Officer)

Survey Document Number
<i>To be assigned by the Property Department</i>

Dept. Name:	Dept. No.:	
Contact Name:	Phone:	E-mail:

IT IS REQUESTED THAT RELEASE FROM ACCOUNTABILITY BE GIVEN FOR THE PROPERTY BELOW:

FAU Bar Code/ Property #	Description of Property	Serial No.	Location	Original***	
				Cost	Year

Request for Release (Check One):

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Theft, Mysterious Disappearance*
<input type="checkbox"/> Unaccounted for in Annual Audit**
<input type="checkbox"/> Worn-Out, broken – not useable (pick up required)
<input type="checkbox"/> Obsolete, Not needed (pick up required)
<input type="checkbox"/> Other (explain) _____
_____ | <input type="checkbox"/> Property to be Cannibalized (Prior approval required)
<input type="checkbox"/> Trade-in credit amount \$ _____
Purchase Order No. Of new item _____
_____ Date: _____
Signature (Trade-in verification) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*Attach copy of your notification to the Police.

**Attach memorandum giving details of loss and stating action(s) taken to prevent future loss of property.

***To be filled in by the property department.

I certify this a true and correct statement of the reasons and circumstances for this request.

Accountability Officer: _____ Date: _____
(Original signature only)

For Property Mgmt. Use Only:

Property Cannibalized, Scrapped, or Destroyed by: _____ Date: _____
(Prop. Mgmt. Rep.)

Property Pick-up Witness by: _____ Date: _____
(User Dept. Rep.)

* If property is cannibalized, scrapped, or destroyed by Building Services, attach a copy of completed work order.