

# Florida Atlantic University Property Accountability Form

Survey Document Number

TO: Director-Property Management , T5 - Room 2

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_  
(Accountable Officer)

**To be assigned by the Property Department**

Dept. Name:	Dept No.
Contact Name:	Phone:

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

Property Record Use	FAU No.	Description of Property	Serial Number	Location	Orig. Cost/Year

### Request for Release (Check One)

- |  |  |
|--|--|
| <input type="checkbox"/> Theft, Mysterious Disappearance*<br><input type="checkbox"/> Unaccounted for in Annual Audit**<br><input type="checkbox"/> Worn-out, broken – not useable (pick up required)<br><input type="checkbox"/> Obsolete, Not needed (pick up required)<br><input type="checkbox"/> Other (explain): _____ | <input type="checkbox"/> Property to be Cannibalized (Prior approval required) _____<br><input type="checkbox"/> Trade-in credit amount \$ _____<br>Purchase order # of new item _____<br>_____ Date: _____<br>Signature (Trade-in verification) _____ |
|--|--|

\*Attach copy of your notification to the Campus Police and include details of theft.  
 \*\*Attach memorandum giving details of loss and stating action(s) taken to prevent future loss of property.

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

Accountable Officer  
 (Original Signature Only): \_\_\_\_\_ Date: \_\_\_\_\_