

## Florida Atlantic University Property Accountability Form

Date \_\_\_\_\_

Survey Document Number \_\_\_\_\_  
(To be assigned by the Property Department)

To: Manager, Property Management, Bldg 10, Room 297

From: \_\_\_\_\_  
(Accountable Officer)

Department: \_\_\_\_\_

Department Fund: \_\_\_\_\_ Org: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

FAU Property #	Description of Property	Serial Number	Location	Original		Condition (See Code)
				Cost	Year	

Condition Code	
E – Excellent	P- Poor
G – Good	T – Trash
F - Fair	

**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<br>(pick up required)<br><input type="checkbox"/> Obsolete, not needed<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Property to be cannibalized (prior approval required)<br><input type="checkbox"/> Trade-in credit amount \$ _____<br>Signature _____ Date _____<br>(trade in verification)<br><input type="checkbox"/> Purchase Order number of new item _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\*Attach a copy of your notification to the police.

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

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

Accountable Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Accountable Office: \_\_\_\_\_

Print Here

**For Property Management Use Only:**

Property pick-up witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(User Department Representative)

Property Disposal witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Property Management Representative)

\_\_\_\_\_  
(Property Management Representative)

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