

# Equipment **Removal** Requisition Form

University of Miami

	<b>Control #</b> <small>To Be Completed By MPS</small>	<b>DATE:</b>
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**To: MPS      Coral Gables      Gables One      12th Floor      1430**

<b>Remove From:</b>					
Name/Department		Campus	Building	Room	Locator Code
<b>Delivery Address:</b>					
Department			Fax		
Street		Building	Room	Locator Code	
City		FL State	Zip		
Contact		Phone Cell Phone	E-mail		
Back Up Contact		Phone Cell Phone	E-mail		
<b>Comments or Special Instructions:</b>		Stairs: Yes   No	<b>Other</b>		
				Key Operator	Phone
<b>Account No.</b>	<b>% Charged</b>		<b>Model to be removed</b>	<b>Serial Number</b>	<b>Requested date of Removal</b>

Printed or Typed Name of Authorized Signature		Department Head or Dean Approval	
Authorized Signature	Date	Budgetary Approval	