

Equipment **Removal** Requisition Form

University of Miami

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

Remove From:					
Name/Department		Campus	Building	Room	Locator Code
Delivery Address:					
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		
Comments or Special Instructions:		Stairs: Yes No	Other		
				Key Operator	Phone
Account No.	% Charged		Model to be removed	Serial Number	Requested date of Removal

Reason for removal of above device(s):

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