

Equipment **Removal** Requisition Form

University of Miami

Control #

To Be Completed By MPS

DATE:

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

How many unused toner and/or waste toner cartridges do you have that need to be removed?

Reason for removal of above device(s):

Printed or Typed Name of Authorized Signature

Department Head or Dean Approval

Authorized Signature

Date

Budgetary Approval