

PROPERTY ACCOUNTABILITY RELEASE FORM

Reference: OP-D-2-F H

For Use by Property Services Only:

Control # (P	rop Svcs	•								
Release of Acc	ountabilit	y is: Approved	Not A	Approved						
Corrective acti	on require	d: SRAS Approval	E	HS Approval	Authorized S	ignature				
Pickup by Surplus Property Requested						ilding (for pickup) Room # (for pickup)				ckup)
Date Requested:		Dept	ID:	Phone:			Contact:			
Tag# Capital Asset?		Category		Description		Serial#	Disp	Disposition Method – 1		Scrub Initials
		If additional lines are n								
Section 1 - PROVIDE THE REASONS OR CIRCUMSTANCES FOR THIS REQUEST (required for all Disposition Methods) Note: If the Category is 'Computer' and the Disposition Method is A-F, please go to http://controller.vpfa.fsu.edu/Property-Accounting/Frequently-Asked-Property-Questions for detailed information on hard drive scrubbing. Items in other categories (electronics, office equipment, scientific equipment, other) could also have hard drives and must be scrubbed. List each item individually with the initials of the employee who scrubbed it. Note 2: If any items may contain hazardous materials, please contact the Environmental Health and Safety Office at 644-6895 prior to disposal. Section 2 - DESCRIBE ACTIONS TAKEN TO LOCATE THE ITEM(S) OR RECOVER COSTS (required for Disposition Methods H-J) Note: If the Disposition Method is I. Missing or J. Stolen, please include the date the item was last seen and dates of all subsequent searches. Section 3 - DESCRIBE PROCEDURES TO CONTROL ITEMS AND PREVENT FUTURE LOSSES (required for Disposition Methods H-J)										
given for t	he proper	Sec ections are true and comple ty listed. I certify the prope ems and will notify Propert	ete to th erty mis:	sing was not account	dge and req ted for and e	lest, with the excep	tion of "mis			
PROPERTY	PROPERTY MANAGER SIGNATURE				DEAN / DIRECTOR / DEPARTMENT HEAD SIGNATURE					
		TS SIGNATURE 20-570; email form to SRASPI	roperty@	əfsu.edu)						