New York University - School of Medicine & Hospitals Center
Plant Fund Accounting/Property Ctrl "Request for Removal of Capital Equipment Relocation /Discard Form"

To Be Completed by Clinical Engineering (CE)

Dept. Requesting Relocation/ Discard	Dept.'s Contact Person	Tel. Ext.	Dept. Head Approval	Date of Request	Project Removal Cost	Equipment is (Check a box below)		Type of Removal (Check a box below)		
						Useable ☐	Unusable ☐	Relocate ☐	Disposal ☐	Sell ☐

Preventive Maintenance Agreement (Check a box below)	SHO# or SMO# (Indicate below if applicable)	Free of Confidential Patient Info. (Check a box below)		
Yes ☐ No ☐		Yes ☐ No ☐		

Account to be Charged **(Enter Dept. Acct. Info in the boxes below)**

Account #:	Fund:	Org:	Prog:	Project:	Present Location			Relocate to For Offical Use Only		
Asset Tag No.	Item Description CE# Serial # Type				Reason for Removal Request	Bldg.	Fl.	Rm	Bldg.	Fl.	Rm

Property Review/Approval	

Please Note the following:

1. Government Equipment - Such equipment cannot be discarded, sold or traded in without the authorization from the government agency involved. (Federal, State or City)
2. The property Department will coordinate the removal of Capital Equipment.
3. Usable discarded Capital Equipment will be reviewed and made available to other School, Hospital or University departments.
4. Capital Equipment may not be sold to employees.

(Form #3617)