

SUPPLY AND PROPERTY MANAGEMENT OFFICE

PROPERTY EQUIPMENT WASTE FORM

NAME: _____
 POSITION/DESIGNATION: _____
 OFFICE/UNIT: _____
 DATE: _____

EQUIPMENT	SERIAL NUMBER	PO NUMBER	PROPERTY NUMBER	DATE ACQUIRED	UNIT VALUE	QUANTITY

Returned by:

 Designation

Received by:

 Fund Cluster In-Charge