



Salvage/Equipment Removal Request Form

Fax: 505-848-8850

FROM: SITE REMOVAL LOCATION: _____ LOC. NO. _____

TO: SITE TRANSFER LOCATION: _____ LOC. NO. _____

SITE ADMINISTRATOR: _____ DATE: _____

****All information fields must be accurate and complete or it may be rejected. Salvage must be in (1) or (2) accessible locations.**

QTY	BARCODE #	APS #	SERIAL #	DESCRIPTION

ROOM OR BUILDING LOCATION OF SALVAGE (EX: Room 222, P-4, Cafeteria etc...): _____

PRIMARY CONTACT PERSON: _____ PHONE: _____

SECONDARY CONTACT PERSON: _____ PHONE: _____