

Salvage/Equipment Removal Request Form

The purpose of this form is to request salvage pick-up at your site, send your request to:

Materials Management (Inter-Office Mail)

or

FAX to 848-8850

or

E-mail to: salvage.request@aps.edu (PREFERRED)



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	LIFE/REMAINING <i>For Office Use ONLY</i>	APS BARCODE	SERIAL #	DESCRIPTION

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

PRIMARY CONTACT PERSON: _____ PHONE: _____

SECONDARY CONTACT PERSON: _____ PHONE: _____