# REQUEST TO EXCESS INFORMATION TECHNOLOGY EQUIPMENT

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| 1. ORGANIZATION ACCOUNTABLE FOR EQUIPMENT | 2. REPORT NUMBER<br>DPI NO. JULIAN DATE (YDDD)<br>— | 3. JOB TICKET NUMBER |
|---|---|---|
| 4. CONTACT FOR FURTHER INFORMATION<br>a. NAME | b. DSN TELEPHONE NUMBER<br>— | c. COMMERCIAL TELEPHONE NO. *(Include area code)*<br>( ) — |
| 5. PHYSICAL LOCATION OF EQUIPMENT<br>a. ADDRESS *(Room No., Building, Street, City, State, ZIP Code)* | b. POINT OF CONTACT *(If different from above)* | c. TELEPHONE NO. *(If different from above)*<br>( ) — |

6. EQUIPMENT TO BE EXCESSED

| OSD CONTROL NO. a. | ITEM NO. b. | COMP CODE c. | ITEM DESCRIPTION d. | MFR CODE e. | MODEL NO. f. | SERIAL NO. g. | COND CODE h. | PRICE i. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| 7. I certify that all hard drives have been removed and equipment contains no magnetic media. | 8. EQUIPMENT RECEIVED BY | 9. DATE RECEIVED *(MMDDYYYY)* |
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