



**University of Massachusetts**  
Amherst\* Boston\* Dartmouth\* Lowell\* Worcester\* President's Office

**CAS Property Removal Form**

*Print form, fill out and obtain signature. Signed form must accompany property leaving the building.*

Name: \_\_\_\_\_

Property Destination: \_\_\_\_\_

Date of Return: \_\_\_\_\_

Item Description	Serial Number	Part Number

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorized personnel:**

Robert Harrison	Christine Wilda	
Laura Neill	Lorie Orszulak	

**OUT**

Officer: \_\_\_\_\_ Date/Time: \_\_\_\_\_