



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	Peter Carino
Laura Neill	Lorie Orszulak	

OUT

Officer: _____ Date/Time: _____