



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

Donahue 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:

Leslie Ackles	Sue McAndrew

OUT

Officer: _____ **Date/Time:** _____