

## NIH Excess (Surplus) Personal Property Screening Record

Date

**From:** Property Management, Utilization/Disposal, Gaithersburg Distribution Center

**To:** (Requester's Name)

NIH ID No.

ICD (Institute)

Building and Room No. or Address

Phone No.

Custodial Code No.

Name of Custodial Code Property Person

Phone No.

Common Account No. (CAN)

I request that the following items of NIH excess (surplus) property be transferred to the above activity.

Decal No.	Item Description	Make	Model	Serial No.	Loc. No.

Delivery Request (please check one)

I will provide transportation for selected equipment.

I request transportation for the items selected to be delivered to address shown at right. I agree to pay the cost of transportation of the equipment to be charged to CAN above.

Deliver equipment to (name)

Building and Room No. or Address

**I acknowledge receipt for the above government property.**

Signature

Date

Print Name

Phone No.