



School of Medicine

FACILITIES MANAGEMENT AND SUPPORT SERVICES DEPARTMENT

FURNITURE / EQUIPMENT / PROPERTY / REMOVAL REQUEST

The Department of _____ is requesting the

Following item (s) _____ be picked up.

I understand that I / we will need to complete a form 7 for the items being turned in prior to notifying FM&SS. I will be contacted by the staff of FM&SS and given a date when the items will be picked up.

Contact Person

_____/_____/_____
Contact Phone Number / Bldg. / Room

Department Head Signature

Date

For FM & SS Staff Use Only

Pick Up Date

Final Disposition

FM & SS Staff

FM & SS Manager

Return to:Facilities@uscmcd.sc.edu