



UNIVERSITY OF SOUTH CAROLINA

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

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For FM & SS Staff Use Only

\_\_\_\_\_  
Pick Up Date

\_\_\_\_\_  
Final Disposition

\_\_\_\_\_  
FM & SS Staff

\_\_\_\_\_  
FM & SS Manager