Miami Dade College

MIAMI DADE COLLEGE
SURVEY REQUEST, REPORT, AND EXPENDITURE

Date _____

PART I (To be completed by Originator)

CAMPUS:

DIVISION:

DEPARTMENT:

DEPT. ACCOUNT NO.: PHONE:

ORIGINATOR: _____ (Name Typed) _____ (Title)

SIGNATURE: _____

DIVISION APPROVAL SIGNATURE: _____

ITEM NO.	DESCRIPTION OF PROPERTY	ASSET NUMBER	MO./YEAR RECEIVED	PURCHASE ORDER NO.	COST PRICE
1.					
2.					
3.					
4.					

REASON FOR SURVEY: (Must apply to all items listed above or additional form is required.)

_____ Damaged Beyond Repair

_____ Stolen (Police report required.)

_____ Return to other agency

_____ Other (Attach memo covering details.)

_____ Obsolete (Check below)

____ No commercial value

____ Value $ _____

____ Value, needs repair

____ Repair cost $ _____

PART II Survey Board Recommendation — Survey Report No.

Survey Board Member

1. _____ (Name)

_____ (Signature)

2. _____ (Name)

_____ (Signature)

Survey Board Member

3. _____ (Name)

_____ (Signature)

4. _____ (Name)

_____ (Signature)

Survey Board Chairman

_____ (Signature)

Title: _____

_____ Approved

_____ Rejected

_____ (Signature)

_____ (Title)

RECOMMENDATION:

DISPOSITION:

Distribution: Original to **Property Management, North Campus**
Keep a copy for your records.

RESET

V. 1/24/2007