



EMORY
UNIVERSITY

Campus Services
Staging/Surplus Property

Staging Department Surplus Pick Up Form

Customer Name: _____ Work Order #: _____

Contact Number: _____ Contact Room Number: _____

Contact Building Name: _____ Date: _____

Description of Item(s) Being Surplus:

Quantity:

Condition:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Customer Signature: _____

Date: _____

Staging Staff Name: _____

Date: _____

Surplus Staff Name: _____

Date: _____