



LAPTOP/IPAD PROPERTY TAG REQUEST FORM

Contact : _____ Phone: _____

To: PROPERTY MANAGEMENT -- 15 PSS Bldg

Dept: _____ Fund #: _____

Phone: Ext. 4220, Fax: Ext. 4544

(Responsible Dept.)

surplus@oakland.edu

Date: __/__/____

Serial #	Make, Model	PO # / SOP / pcard	Vendor	Purchase Date	User/Bldg/Room	Ptag # or Dept.tag # Completed by PMO