

LAPTOP/IPAD PROPERTY TAG REQUEST FORM

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To: PROPERTY MANAGEMENT 15 PSS Bldg	Dept:	Fund #:	_	
Phone: Ext. 4220, Fax: Ext. 4544	(Responsib	ole Dept.)		
surplus@oakland.edu	Date://			

Serial #	Make, Model	PO#/SOP/	Vendor	Purchase	User/Bldg/Room	Ptag # or Dept.tag # Completed by PMO
Serial #	iviake, iviouei	pcard	vendor	Date	Oser/ Blug/ ROOM	Completed by Pivio

Form Received at Property Management: _____ Date: ___/___