

# HARVARD SCHOOL OF PUBLIC HEALTH FURNITURE/EQUIPMENT REMOVAL FORM

Material to be removed from the building with a brief description:

\* All computers must have serial numbers.

Date to be removed:

1) _____	____-____-____
2) _____	____-____-____
3) _____	____-____-____
4) _____	____-____-____
5) _____	____-____-____
6) _____	____-____-____

Aproximate time of removal from the building: \_\_\_\_\_ a.m. or p.m.

Designated Exit:

- 677 Huntington-SPH-III Lobby
  SPH-1 Mail & Receiving Loading Dock  
 FXB Main Entrance-651 Huntington Ave.

Required Signatures:

Print Names:

Date:

\_\_\_\_\_  
Remover

\_\_\_\_\_  
Remover

\_\_\_\_\_  
Department Administrator

\_\_\_\_\_  
Department Administrator

\_\_\_\_\_  
Operations Office

\_\_\_\_\_  
Operations Office

Please make two copies  
Original for Guard, one copy for Operations, and one copy for your files

Notes: \_\_\_\_\_