FIXED ASSET DISPOSAL REQUEST

CUSTODIAN NAME	RELEASING CUSTODIAN NUMBER	DATE (MM/DD/YYY)

PREPARED BY	TRANSACTION NUMBER	ADDRESS/EXTENSION

****ASSETS CONTAINING HAZARDOUS OR RADIOACTIVE MATERIALS MAY NOT BE REMOVED FROM DEPARTMENT FOR DISPOSAL UNTIL SUCH HAZARDS HAVE BEEN REMOVED AND CERTIFIED BY ENVIRONMENTAL HEALTH AND SAFETY AND/OR THE RADIOLOGICAL SAFETY OFFICER. CERTIFICATION OF HAZARDOUS MATERIALS REMOVAL MUST ACCOMPANY THIS FORM**

REMOVAL SECTION:

R1 - LOST
R2 - STOLEN
R4 - SURPLUS OPERATIVE
R5 - SALVAGE
R6 - TRADE-IN
R7 - RETURN TO TITLE HOLDER
R8 - SOLD

DOES ITEM CONTAIN HAZARDOUS MATERIAL?

CONDITION CODES:

1. NEW
2. USED-GOOD
3. USED-FAIR-POOR
4. REPAIRS REQUIRED-GOOD
5. REPAIRS REQUIRED-POOR
6. SALVAGE
7. SCRAP

ASSET TAG NO(S)	RC	ITEM DESCRIPTION, SERIAL NO, MFG/MODEL	YES OR NO	CURRENT LOCATION	COND CODE	REASON FOR DISPOSITION	ORIGINAL VALUE	CURRENT VALUE
						TOTAL VALUE OF DELETIONS	0.00	0.00

CUSTODIAN REQUESTS DISPOSITION BY: ____ PP PICK UP AND SURPLUS AUCTION ____ SEALED BID ____ DEPT AUCTION ____ CANNIBALIZATION

FOR MORE INFORMATION ON DISPOSALS CONTACT:
NAME: EXTENSION: EQUIPMENT LOCATED AT:

RELEASING DEPARTMENT CERTIFICATION

"I relinquish inventory accountability for the above described equipment."

PLEASE NOTE: THIS FORM MUST BE APPROVED BY DEAN OR VICE PRESIDENT IF EQUIPMENT IS REMOVED FROM INVENTORY

SIGNED: _____
DEPARTMENT HEAD DATE

SIGNED: _____
DEAN OR VICE PRESIDENT DATE

Submit