

Date _____ Asset control number _____

Name of person filing form _____ Email _____

Phone _____ Classification: Staff Faculty Student

Department name _____

Asset description (include make, model and serial numbers, if available) _____

Computer asset disposals are processed by IT. Please attach signed forms to items and contact Technology Support x7284.

If this asset was purchased on a grant, please provide grant number _____

Justification for disposal, transfer or sale _____

WHAT WOULD YOU LIKE TO DO WITH THIS ASSET?**A. DISPOSAL****B. SALE BY AUCTION**Will Department transact with Procurement Services? Yes No Contact name _____Will Property transact with Procurement Services? Yes No (if yes, note that all proceeds go to Property)*Note: A copy of this form will be sent to Procurement Services.***C. TRANSFER—THE RECEIVING DEPARTMENT****APPROVAL FROM DEPARTMENT HEAD (DISPOSE, SALE OR TRANSFER)**

Print name _____ Signature _____ Date _____

APPROVAL FROM GAINING DEPARTMENT HEAD (IF TRANSFER ONLY)

Department name _____

Print name _____ Signature _____ Date _____

New building and room number _____ Custodian _____

IT/TECH SUPPORT SYSTEM SANITATION CERTIFICATION

Sanitized by (print) _____

Signature _____ Date _____

TO BE FILLED BY PROPERTY MANAGEMENT

1. Acquisition cost _____ 2. Date of acquisition _____

3. Originating Custodian _____

4. Originating Record Description (include classification of asset: i.e., computer) _____

Property Asset Coordinator Name (print) _____

Signature _____ Date of asset record modification _____