

Capital Equipment Disposition Form

SITE/DEPARTMENT:		DATE:
ORIGINATOR:		ROOM:
Property Tag #	Model #	Serial #
Description:		
NATURE OF REQUEST		
(Check left column for all that apply and fill in appropriate information where requested)		
	A. RETIREMENT by: <input type="checkbox"/> Salvage <input type="checkbox"/> Trade-in <input type="checkbox"/> Replacement	
	NO LONGER NEEDED: Equipment is in good working condition	
	NO LONGER NEEDED, OBSOLETE: Equipment should be sold/discarded as surplus	
	NON-REPAIRABLE, OR UNECONOMICAL TO REPAIR: Equipment should be sold/discarded as surplus	
	TRADE-IN: Replacement Equipment Ordered on Requisition No.	
	OTHER, (Specify Reason): Unsuitable product.	
B. TRANSFER to (Name):		
Site:		Room
C. STOLEN		
Submit Electronic Purchase Order Requisition, if replacement equipment is required Notify Police Department and Attach Police Report		
D. OTHER, Specify:		

APPROVALS: (Form must be signed before submitting to District Warehouse)

Requesting Site/Department Administrator:		Date:
Receiving/Borrowing Site/Department Administrator:		Date:
WAREHOUSE SIGNATURE:	<input type="checkbox"/> E-Waste <input type="checkbox"/> Metal Waste	Date:
	<input type="checkbox"/> Disposed <input type="checkbox"/> Surplus/Auction	
POSTED TO INVENTORY BY:		Date: