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## **Fixed Asset Disposal Request Form**

Custodian Name	Releasing Custodian No.	Department Code	Date	MEI Form #	
			-		
Disposal Prepared By	Complete Address, (Area Code) Phone Number				
		_	_		

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.

materials removal										
Removal Section					Condition Codes					
R1-Lost	R4-Surp	lus O	perative R7	-Return to Title Holder	Does item contain	1. New		3. Used-Fair-Poo	or	6. Salvage
R2-Stolen	R5-Salv	age	R8	3-Sold		2. Used-G	ood	4. Repairs require	ed-Good	7. Scrap
	R6-Trad	e-In			material?					
Asset Tag Number	RC	Qty	Description, Mfg, M	odel, Serial No., Color	Yes/No	Current Location	Cond. Code	Reason for Disposition	Orig. Value	Current Value
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	_									
	_									
	_									
	-									
	-									
					To	tal Value	of De	letions	\$0.00	\$0.00
					10	tai vaiuc	OI DO	iletions	ψ0.00	ψ0.00
Custodian requests Pick Up & Sealed Bid Cannibalization Dept Auction disposition by:						Dept Auction				
For more informa	tion on	dispo	osals contact:							
Name:			Pho	ne:		Exact Lo	cation	of Equipment:		
			R	eleasing Depart	ment Ce	rtification	on			
"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										
Fiedde Note: This form must be approved by Bear of vice Fresherit if equipment is removed from inventory										
Signed:						Signed:				
Department Head				Date		Dean or	Vice I	President		Date
Type Name:						Type Na	ame:			