**PROPERTY CONTROL SYSTEM**

**REQUEST FOR EQUIPMENT DISPOSAL/SURPLUS**

The following equipment item is no longer needed:

Item

Asset Number

Manufacturer

Model

Serial Number

Funding Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Purchased \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location

Building Room Number Floor

Condition (Circle one) Excellent Good Fair Poor Other

REASON FOR DISPOSAL/SURPLUS

Originator Signature

Name and Title Printed/Typed

Department

Date

Supervisor’s Signature

Date

All fields must be completed for processing.

DISPOSAL OF EQUIPMENT CAN BE MADE ONLY UPON TECHNOLOGY COORDINATOR AUTHORIZATION.