

CAPITAL EQUIPMENT DISPOSAL FORM

TAG # (ASSET #): _____

DESCRIPTION: _____

MANUFACTURER: _____

MODEL: _____ SERIAL#: _____

DEPARTMENT: _____

DATE OF DISPOSAL: _____

MEANS OF DISPOSAL (i.e., sold, traded-in, discarded): _____

IF SOLD TO WHOM: Name _____

Address _____

City, _____

State, Zip _____

PROCEEDS OR TRADE IN ALLOWANCE: \$ _____

SALES PROCEEDS TO BE CREDITED TO CHARTFIELD COMBINATION:

IF TRADED, FOR WHAT: _____

WAS THE EQUIPMENT PURCHASED USING FEDERAL OR CORPORATE FUNDS?
(Circle one)

Yes

No

IF YES, PLEASE ATTACH COPY OF PERMISSION FOR DISPOSAL FROM THE SPECIFIC AGENCY.

Signature of Department Head

Date

Printed Name

Return form to the Purchasing Department, attention: Capital Asset Administrator