CAPITAL EQUIPMENT DISPOSAL FORM

TAG # (ASSET #):	
DESCRIPTION:	
CAMPUS:	LOCATION:
MANUFACTURER:	
MODEL:	SERIAL #:
DEPARTMENT:	
DATE OF DISPOSAL:	
MEANS OF DISPOSAL (i.e., Sold, Ti	raded-in, Discarded):
	ne
Address City, State, Zip	
PROCEEDS OR TRADE IN ALLOWA	ANCE: \$
SALES PROCEEDS TO BE CREDITED TO CHARTFIELD COMBINATION:	
IF TRADED, FOR WHAT:	
WAS THE EQUIPMENT PURCHASE (Circle one)	ED USING FEDERAL OR CORPORATE FUNDS?
YES NO	

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

Return form to University campus inventory contact. Cc: System Accounting Department