



Capital Equipment & Furniture Disposal/Transfer Form

IMPORTANT: Please contact the Information Technology Help Desk regarding computer equipment disposal

PART 1 *To be completed by the REQUESTING department, and forwarded to Facilities*

Inventory Tag # _____ Description _____

Serial # _____ Model # _____

Location - Building _____ Room # _____ Department _____

Check off all appropriate: Obsolete No longer used Broken/Damaged Replaced w/new equip.
 Other (explain) _____

Comments _____

Describe Condition _____

Signature _____ Date _____

PART 2 *To be completed by the department RECEIVING the transferred capital equipment*

New Location: Department _____ User Name _____
Building _____ Room# _____

Signature _____ Date _____

PART 3 *To be completed by FACILITIES*

Examination of Equipment Verification of data supplied *Recommendation:* Surplus Sale Disposal

Comments _____

Receiving Clerk's Signature _____ Date _____

Work Order# _____ Corrections Made in Computer System

PART 4 *To be completed by ACCOUNTING for Asset Disposals*

Director Signature _____ Date _____

ATTACH INVENTORY TAGS HERE

