

Asset Disposal/Move Form

ASS	set Disposatriviove Fortiti
Contact Name	P-Tag Number
Phone Number	
Department	Attach
Disposal/Move Date	P-Tag
Asset Serial#/VIN	
Asset Description	
ct one of the following disposal/n	move actions and complete all information in the section
ct one of the following disposal/fi	nove actions and complete all illiornation in the section
Transferred	
From Department:	To Department:
Department Contact:	Department Contact:
User Org #:	User Org #:
Bldg Name:	Bldg Name:
Room #:	Room #:
Was there an attempt to repur trading-in, donating or discard Yes No If No Please Explain:	
Sold	
Sale Price \$	
Money Deposited To	
Fun	nd Ora Account



0	Traded In				
	Used to Purchase:		From Vendor:		
	Attach a copy of the invoice showing the trade in value to this form.				
'					
0	Donated, Discarded, or Otl	her			
•	Donated Agency Name				
	Discarded Reason				
	Other - Explanation				
Attach a donation receipt to this form.					
Name	ə:				
Date:					
Unit E	Budget Officer:				
Date:					
Net Book Value greater than \$5,000					
Deans/ Directors:					
Date:					
Net Book Value greater than \$10,000					
University Controller:					
Date:					