

Surplus Equipment Disposal Form

See Surplus Policy Statement



Phone: 387-8829
 Fax: 387-8570
 Mail Stop: 5315

Date: _____ Department Name: _____

Location: _____ Phone Number: _____

Authorized Signature: _____

Printed Name: _____

Fund: _____ Cost Center: _____ to credit items sold over \$50.00.

Logistical Services will schedule pick up with requesting department.
 All electronic equipment must have data removed prior to pick up. Departments are responsible for data removal.
 All electronic equipment must have an accompanying Electronic Data Disposal Verification Form.
 Indicate if item(s) were purchased using grant funds (25 – 30).

Quantity	Description	WMU # or Serial #	Surplus Item No. (Maint. Stores Use Only)	Grant Funded
1				Yes / No
2				Yes / No
3				Yes / No
4				Yes / No
5				Yes / No
6				Yes / No
7				Yes / No
8				Yes / No
9				Yes / No
10				Yes / No
11				Yes / No
12				Yes / No
13				Yes / No
14				Yes / No
15				Yes / No
16				Yes / No
17				Yes / No
18				Yes / No
19				Yes / No
20				Yes / No

University Use Only

Grants and Contracts approval: _____

Plant Accounting approval: _____