

Surplus Equipment Disposal Form

See Surplus Policy Statement

Phone: 387-8829

Fax: 387-8570

Maintenance Stores, 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 computer equipment must have data removed prior to pick up

Indicate with a circle 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

Maintenance Stores Use Only

Grants and Contracts approval: _____

Plant Accounting approval: _____