

Asset Disposal/Move Form

Contact Name		CU Tag Number	
Phone Number		Attach Bar Code Tag Here	
Department			
Disposal/Move Date			
Asset Serial# /VIN			
Description of Asset			
Original PO# (if known)			

Select one of the following disposal/move actions and complete all information in the section.

Sold

Sale Price	\$	
Money Deposited To	_____	_____
	Fund	Org
		Account
<i>Attach a copy of the deposit slip and bill of sale to this form.</i>		

Traded In

Used to Purchase	From Vendor
<i>Attach a copy of the invoice showing the trade in value to this form.</i>	

Transferred/Moved to Another Location or Department

From Department	To Department
Department Contact	Department Contact
User Org #	User Org #
Bldg Name	Bldg Name
Room #	Room #

Donated, Discarded, or Other

<input type="checkbox"/> Donated To Agency Name
<input type="checkbox"/> Discarded, Obsolete or No Value (Provide Additional Explanation)
<input type="checkbox"/> Other, Explain
<i>Attach a copy of the donation receipt to this form.</i>

Department Approval Signature: _____ **Date:** _____

Dean Approval Signature*: _____ **Date:** _____

Associate VP of Finance Signature: _____ **Date:** _____

VP of Finance: _____ **Date:** _____

*Dean's approval required when equipment is moving to another institution.
Send the completed form to the Accounting Services Office.