

Department \_\_\_\_\_

## **Facilities**

## **ASSET DISPOSAL**

Date \_\_\_\_\_

Building		Room	Room			
Asset Number	Serial Number	Description	Condition	Acquisition Cost	Operational Yes or No	
Describe reas	son for surplus:					
Remarks:						
not contain Ha	azardous Material/W	nger required by this user and Vaste, Pesticides, or Radioactiv ng as Universal Waste.		•		
		Asset Disposal Ap	proval	,		
Primary end user signature:				Date:		
Department Head signature:				Date:		
Campus Business Officer:				Date:		
Property Control Coordinator:				Date:		