

Please fax this form to Property Management at 621-9195.

Form Date: _____

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University of Arizona

REQUEST AUTHORIZATION TO DISPOSE OF MOVABLE ASSETS

DEPARTMENT _____ DEPT# _____

BLDG _____ ROOM _____

CONTACT PERSON _____ TELEPHONE _____

Condition Codes

- 1-Excellent
- 2-Good
- 3-Fair
- 4-Major Repairs
- 5-Salvage

I confirm that the following conditions have been met:

- All sensitive data, including software, has been removed from computer equipment
- Equipment does not contain any radioactive materials, hazardous material, PCP, is not biologically contaminated, etc.
- The equipment is cleared of federal requirements and it can be disposed

Authorized Signature: _____

Title: _____

Check Appropriate Box:

Turn into Surplus Property

Trade-In to: _____

Special Bid Sale

Interagency Transfer to: _____

Other _____

LOC _____

Cond Code	Description	Manufacturer	Model Number	Serial Number	A-Tag Number	Acq Date	Cost	Qty	Purchase Account	Surplus Number

Approved _____

Disapproved _____

Received By: _____