INSTITUTE OF TECHNOLOGY

# FIXED ASSET DISPOSAL REQUEST

| CUSTODIAN NUMBER AND NAME | DATE (MM/DD/YYY) |
|---|---|
| Choose from drop down | |

| PREPARED BY | TRANSACTION NUMBER | ADDRESS/EXTENSION |
|---|---|---|
| | | OSUIT: 1801 East 4th St., Okmulgee, OK 74447 |

****ASSETS CONTAINING HAZARDOUS OR RADIOACTIVE MATERIALS MAY NOT BE REMOVED FROM DEPARTMENT FOR DISPOSAL UNTIL SUCH HAZARDS HAVE BEEN REMOVED AND CERTIFIED BY ENVIRONMENTAL HEALTH AND SAFETY AND/OR THE RADIOLOGICAL SAFETY OFFICER. CERTIFICATION OF HAZARDOUS MATERIALS REMOVAL MUST ACCOMPANY THIS FORM.**

**REMOVAL SECTION:**

R1 - LOST
R2 - STOLEN
R4 - SURPLUS OPERATIVE
R6 - TRADE IN
R7 - RETURN TO TITLE HOLDER
R8 - SOLD

**DOES ITEM CONTAIN HAZARDOUS MATERIAL?**

CONDITION CODES:

1. NEW
2. USED-GOOD
3. USED-FAIR-POOR
4. REPAIRS REQUIRED-GOOD
5. REPAIRS REQUIRED-POOR

| ASSET TAG NO(S) | RC | SERIAL NO, ITEM DESCRIPTION, MFG/MODEL | YES OR NO | CURRENT LOCATION | COND CODE | REASON FOR DISPOSITION | ORIGINAL VALUE | CURRENT VALUE |
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| | | | | | | TOTAL VALUE OF DELETIONS | $ 0.00 | $ 0.00 |

CUSTODIAN REQUESTS DISPOSITION BY: ____ PP PICK UP AND SURPLUS AUCTION ____ SEALED BID ____ DEPT AUCTION ____ CANNIBALIZATION

COMMENT:

____ Auction

FOR MORE INFORMATION ON DISPOSALS CONTACT:

NAME: EXTENSION: EQUIPMENT LOCATED AT:

**RELEASING DEPARTMENT CERTIFICATION**

**"I relinquish inventory accountability for the above described equipment."**

**PLEASE NOTE: THIS FORM MUST BE APPROVED BY DEAN OR VICE PRESIDENT IF EQUIPMENT IS REMOVED FROM INVENTORY**

| SIGNED: | | SIGNED: | |
|---|---|---|---|
| DEPARTMENT HEAD | DATE | VICE PRESIDENT of FISCAL SERVICES | DATE |