



FIXED ASSET DISPOSAL REQUEST (For Scrap Only)

CUSTODIAN NUMBER AND NAME		DATE (MM/DD/YYYY)
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:	DOES ITEM CONTAIN HAZARDOUS MATERIAL?	<u>CONDITION CODES:</u> 6. SALVAGE 7. SCRAP
R5 - SALVAGE		

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
TOTAL VALUE OF DELETIONS							0.00	0.00

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

COMMENT:

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