UNCCHARLOTTE

FIXED ASSETS SYSTEM
EQUIPMENT DISPOSITION/TRANSFER FORM

This form must be typed or written in ink. A separate form must be completed for each equipment item or lot. If you are disposing of multiple items in the same category (e.g., 20 computers), complete this page then list the individual items with serial numbers and tag numbers on an attached sheet. Non-equipment items such as chairs, tables, desks, etc. may be grouped as one lot. To ensure the correct equipment is removed from your department, the inventory tag number must be supplied. The original copy of this document must be sent to Surplus Property, Receiving and Stores Bldg.

To be Completed by Owning Department

Equipment Description:

Inventory Tag Number:

Manufacturer:	Model:	Quantity:

Serial Number:	Color:	Mileage:	Estimated Value:

Condition: ☐ New ☐ Good ☐ Poor ☐ Needs Repair ☐ Parts Missing

For Computer Equipment: Have software and data files been erased, with proper documentation filed to comply with applicable software licenses? ☐ Yes ☐ No

Please check one of the following:

☐ Surplus ☐ Lost or Stolen **(must attach copy of Campus Police Report)** ☐ Cannibalized for parts

☐ Missing/defaced inventory tag ☐ Traded in for _____

☐ Moved to another room/building within the department, _____ (new building and room number)

☐ Transferred to another department _____ (new department)

☐ Transferred to another university _____ (recipient university)

☐ Received on loan from _____ (department) or _____ (other institution, agency, company, etc.) until _____ (date)

☐ Loaned out to _____ (department) or _____ (other institution, agency, company, etc.) until ___ ___ (date)

☐ Other _____ (please describe)

Were any of these items being sent to Surplus Property purchased with federal funds? ☐ Yes ☐ No
If Yes, Surplus Property will contact Contracts and Grants for additional information regarding disposition.

Department Name:	Account Number Item Was Purchased From:
Location of Item (Building and Room):	Phone Number:

Print Name of Department Head/Authorized Signatory:

Signature:	Date:

To be Completed by Receiving Department for Transfers or Receiving & Stores for Surplus Items

Name of Receiving Department:

Contact Name:

Phone Number:	Building/Room:

Signature:	Date: