

# CAPITAL EQUIPMENT DISPOSAL FORM

TAG # (ASSET #): \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

CAMPUS: \_\_\_\_\_ LOCATION: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_

MODEL: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE OF DISPOSAL: \_\_\_\_\_

MEANS OF DISPOSAL (i.e., Sold, Traded-in, Discarded): \_\_\_\_\_

IF SOLD, TO WHOM: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

PROCEEDS OR TRADE IN ALLOWANCE: \$ \_\_\_\_\_

SALES PROCEEDS TO BE CREDITED TO CHARTFIELD COMBINATION:

IF TRADED, FOR WHAT: \_\_\_\_\_

WAS THE EQUIPMENT PURCHASED USING FEDERAL OR CORPORATE FUNDS? (Check one)

YES

NO

IF YES, PLEASE ATTACH COPY OF PERMISSION FOR DISPOSAL FROM THE SPECIFIC AGENCY.

**Return form to USM's Office of Property Management  
cc: System Accounting Department**