

North Carolina A&T State University



FIXED ASSETS 601PM EQUIPMENT DISPOSITION/TRANSFER FORM

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. Phone #336-285-4546 Fax #336-334-7214**

To be Completed by Owning Department					
Qty	Inventory Tag#	Description/Model	Serial Number	Condition Good/Poor	Code
For Computer Equipment: Have software and data files been erased, with proper documentation filed to comply with applicable software licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No Signed: _____ Print: _____ Date: _____					
Please check or list one of the following codes:					
SU- Surplus		LS- Lost/Stolen (Stolen must attach copy of Campus Police Report)		JU- Junk	
C- Cannibalized for parts		TR- Traded in for			
<input type="checkbox"/> Moved to another room/building within the department _____ (new building and room number)					
<input type="checkbox"/> Transferred to another department _____ (new department and room number)					
<input type="checkbox"/> Transferred to another university _____ (recipient university)					
<input type="checkbox"/> Received on loan from _____ or _____ until _____ (department) (other institution, agency, company, etc.) (date)					
<input type="checkbox"/> Loaned out to _____ or _____ until _____ (department) (other institution, agency, company, etc.) (date)					
<input type="checkbox"/> Missing asset _____ (Must provide explanation)					
<input type="checkbox"/> Other _____ (please describe)					
Current Department:			Organization Code/Number:		
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					
Receiving Department:					
Contact Name:					
Phone Number:			Building/Room:		
Signature:				Date:	