

EQUIPMENT DISPOSAL AND/OR TRANSFER REQUEST

Date: _____

Requester: _____
Name and phone

*For both Disposal/Salvage and Transfer
 PI's Release
 Authorization: X* _____
Signature and Date

Lab Group/Office: _____
PI's Name and Lab

*For Transfers only:
 PI's Receiving
 Authorization: X* _____
Signature and Date

Location _____

ITEMS TO BE REMOVED /TRANSFERRED (please include UC and/or College property number):

<i>Equipment Description</i>	<i>Property Tag # / serial number</i>	<i>Reason for Disposal/Transferred to include new location):</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

*For Disposal/Salvage only
 Lab/Office pickup verified by:*
 X _____
Name and Date

Equipment Management Verification
 X _____
Name and Date

Excess & Salvage verification
 X _____
Name and Date