

BGSU Equipment Disposal Form

Complete this form when disposing of items with an original cost of more than \$3500.

General Information	n:			
Reason:	Tag No.	Description	Location - Room	Building Qty
*If Missing/Los	t/Stolen, was a Securi	ity Report Filed? Yes N	No	
*If transferred	to a different departr	nent, enter name of department		
Comments:				
By signing this form	m, I declare the Dean	, Dept. Chair or Director has au	thorized me to dispose of the	is asset.
Signature:		Dept Name:	Phone No:	
		<u> </u>		
Print Name:		Department Budget:	Date:	
	For questions conce	erning this form, contact the Con	ntroller's Office @ 2-8596	
	-			
		end completed form by fax or e		
		elated equipment: ITS @ 2-772		
	Other equipme	ent: Warehousing @ 2-0322 or	warehouse@bgsu.edu	
To view the Su	rnluc Property Procedu	ıres, go to: https://www.bgsu.edu/c	ontent/dom/RCSU/finance and	
		ents/Surplus-Property-Procedures-		
Item Received at		TE	DATE	
	NAM	IE.	DATE	
Reviewed by ITS/	Business Operation	s:		Print Form
		NAME	DATE	Revised 07/06/15