

BGSU Equipment Disposal Form

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

eason:	Tag No.	Description	Location - Room/Bui	ilding Q
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S	ost/Stolen, was a Securi			
*If transferre	d to a different departm	nent, enter name of department		
4				
omments:				
By signing this fo	rm, I declare the Dean,	, Dept. Chair or Director has autho	rized me to dispose of this as	sset.
	rm, I declare the Dean	, Dept. Chair or Director has autho Dept Name:	rized me to dispose of this as Phone No:	sset.
Signature:	rm, I declare the Dean,	Dept Name:	Phone No:	sset.
Signature:	rm, I declare the Dean.	-	-	sset.
Signature:	rm, I declare the Dean	Dept Name:	Phone No:	sset.
Signature:		Dept Name:	Phone No: Date:	sset.
Signature:		Dept Name: Department Budget:	Phone No: Date:	sset.
Signature:	For questions concer	Dept Name: Department Budget:	Phone No: Date: Uler's Office @ 2-8596	sset.
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