

REQUEST TO DISPOSE OF EQUIPMENT

University of Southern Mississippi

Gulf Coast Research Laboratory

PROPERTY ACCOUNTING

DEPARTMENT DISPOSING OF EQUIPMEN	IT:		
INVENTORY NUMBER:		SERIAL NUMBER:	
DESCRIPTION:			
REASON FOR DISPOSAL:			
CONDITION OF EQUIPMENT:			
Requestor's Name (Print or Type)		Requestor's Signature	Date
Signature Authority (Print or Type)		Signature Authority's Signature	Date
Received by Property Office	Date		
	Property	Office Use Only	
Method of Disposal:			
☐ Computer/Telecommunication☐ Salvage - Form 961 Required☐ Surplus - Form 961 Required☐ Sold - Form 873 Required☐ Trade - Form 8	ed ed ed	t - Department must have hard drive remove	d - CP2 required