REQUEST TO DISPOSE OF EQUIPMENT
University of Southern Mississippi
Gulf Coast Research Laboratory
PROPERTY ACCOUNTING

DEPARTMENT DISPOSING OF EQUIPMENT: ____________________________________________

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/Telecommunications Equipment - Department must have hard drive removed - CP2 required
☐ Salvage - Form 961 Required
☐ Surplus - Form 961 Required
☐ Sold - Form 873 Required
☐ Trade - Form 873 Required