## **Purchasing PO10**



## **SURPLUS MATERIAL DISPOSAL FORM**

Department and Program	/Project:			
Date (YYYY-MM-DD):		Completed By:		
PLEASE FILL IN THE	E FOLLOWING INFO	RMATION, WIT	H AS MUCH DET	AIL AS POSSIBLE
Type of material/machine/	/equipment:			Qty:
Manufacturers Name:				
Model #:				
General Description and u	se of Equipment: If mult	iple items are being	disposed, please atta	ich a detailed list
(Motor Data, Voltage, Cycl	le, Phase, RPM; accessor	ies, Spare Parts, etc	.)	
Was Equipment under wa	rranty of a Service Contr	ract? Yes N	o If yes, with who	m?
General Assessment of Co	<b>ndition:</b> Poor F	air Good E	xcellent	
Any broken or missing par	rts? Rough esti	mate of repair cost	if worth repairing:	
Reason for declaration as	surplus:			
Present location of materi	ial - Bldg:		Ro	oom #:
How soon must the mater				
Estimated market value:				
_		<del></del>		
THE FOLLOW	VING INFORMATIO	N SHOULD BE II	NCLUDED, IF AVA	ILABLE
Company originally purch	ased from:			
Date of purchase:		P.O. # issued:		
		Current depreciated value:		
		Account number to be credited:		

our typed name below indicates your approval of the form and confirms that all information is accurate.							
posal authorized by: (Department Head	d or Grantee)						
te:							
TO BE FII	LLED IN BY PURC	HASING SI	<u>ERVICES</u>				
Recommendation: Check one and ad	ld any additional info	rmation nec	essary				
Inter University Transfer	Outright Sale	2 Scrap	Other				
Explain :							
Disposal File #:							
		Total	price: taxes paid:				