

**FAIRMONT STATE
UNIVERSITY**

**PIERPONT COMMUNITY
AND TECHNICAL COLLEGE**

**ASSET DISPOSAL REPORTING FORM
USED FOR SURPLUS/WORN OUT OR OBSOLETE ITEMS**

:

To be completed by School/Department

SCHOOL/DEPARTMENT : _____

ASSET # _____ SERIAL # _____

ASSET DESCRIPTION _____

BLDG #: _____ ROOM #: _____

Reason for Requesting Disposals: _____

Place of Storage Until Pick-up: _____

I AUTHORIZE THE DISPOSAL OF THE ASSET IDENTIFIED ABOVE.

Dean, Chair, VP or Director

Date

To be completed by Physical Plant

DATE PICKED UP FROM DEPARTEMNT: _____

SIGNATURE OF PHYSICAL PLANT STAFF: _____

DATE ASSET SURPLUSED : _____

SIGNATURE OF PHYSICAL PLANT STAFF: _____

Once asset has been surplused, the form needs to be sent to Accounting (Patti Murray-Fidura) for removal from the Fixed Asset Inventory System.

Signature –Accountant

Date