Print Form

University of North Texas Health Science Center at Fort Worth
Request for Authority to Remove Equipment or Other Property From Inventory
Cannibalization/Obsolete/Unserviceable/Damaged

Department ID/Name 74950 PACE

To: Property Control
I request that the asset(s) listed below be removed from the inventory of this department:

Asset Number **Description**

Serial Number **Inventory Value**

Other Related Assets

Asset Number	Description	Serial Number	Inventory Value

I have personally examined the asset(s) and request the deletion for the following reasons:
(Place an X for the appropriate reason)

Parts		Salvage		Trash	

Estimated value of parts dismantled

Personnel Requesting Disposal Date

It is my opinion that no student, employee, or other person should be required to reimburse the State for the value of this item.

Department Head Property Manager

Date Date

05/06

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Instructions

1. Enter the Department ID and name.
2. Enter the asset number on the tag of the asset.
3. Enter the description for the asset.
4. Enter the serial number for the asset.
5. Enter the historical value for the asset.
6. Enter any other asset(s) being disposed related to asset disposal request.
7. Select the appropriate disposal request.
8. Enter an estimated value of parts removed from the asset.
9. Obtain the signature from the person requesting the disposal.
10. Obtain the signature of the department head accountable for the asset.
11. Submit the original form to Property Control
12. Distribution:

    Original: Property Control files

    Copies: Department files