



FIXED ASSET DISPOSAL REQUEST

CUSTODIAN NUMBER AND NAME		DATE (MM/DD/YYYY)
PREPARED BY	TRANSACTION NUMBER	ADDRESS/EXTENSION
		OSUIT: 1801 East 4th St., Okmulgee, OK 74447

****ASSETS CONTAINING HAZARDOUS OR RADIOACTIVE MATERIALS MAY NOT BE REMOVED FROM DEPARTMENT FOR DISPOSAL UNTIL SUCH HAZARDS HAVE BEEN REMOVED AND CERTIFIED BY ENVIRONMENTAL HEALTH AND SAFETY AND/OR THE RADIOLOGICAL SAFETY OFFICER. CERTIFICATION OF HAZARDOUS MATERIALS REMOVAL MUST ACCOMPANY THIS FORM**

REMOVAL SECTION:	DOES ITEM CONTAIN HAZARDOUS MATERIAL?	CONDITION CODES:	
R1 - LOST R2 - STOLEN R4 - SURPLUS OPERATIVE R6 - TRADE IN R7 - RETURN TO TITLE HOLDER R8 - SOLD	YES OR NO	1. NEW 2. USED-GOOD 3. USED-FAIR-POOR 4. REPAIRS REQUIRED-GOOD 5. REPAIRS REQUIRED-POOR	

ASSET TAG NO(S)	RC	SERIAL NO, ITEM DESCRIPTION, MFG/MODEL	YES OR NO	CURRENT LOCATION	COND CODE	REASON FOR DISPOSITION	ORIGINAL VALUE	CURRENT VALUE
TOTAL VALUE OF DELETIONS							0.00	0.00

CUSTODIAN REQUESTS DISPOSITION BY: _____ PP PICK UP AND _____ SEALED BID _____ DEPT AUCTION _____ CANNIBALIZATION
 _____ SURPLUS AUCTION

COMMENT: _____ **AUCTION** _____
 Year _____

FOR MORE INFORMATION ON DISPOSALS CONTACT:
 NAME: _____ EXTENSION: _____ EQUIPMENT LOCATED AT: _____

RELEASING DEPARTMENT CERTIFICATION
 "I relinquish inventory accountability for the above described equipment."
 PLEASE NOTE: THIS FORM MUST BE APPROVED BY DEAN OR VICE PRESIDENT IF EQUIPMENT IS REMOVED FROM INVENTORY

SIGNED: _____ DEAN OR ASSISTANT DEAN	DATE _____	SIGNED: _____ VICE PRESIDENT of FISCAL SERVICES	DATE _____
---	------------	--	------------