



PART I Department Information

Department Name: _____ (required) Department Code: _____
 (required) Contact Person: _____
 (required) Phone Number: (_____) _____ (required) Email: _____

PART II Item Information

(required) Bar Code Tag Number: _____ State ID Number: _____
 Building Code: _____ Room Number: _____
 Item Description: _____
 Acquisition Cost: \$ _____
 Manufacturer: _____ Model Number: _____
 (required) Serial Number: _____

PART III Disposition Status:

(required) Disposition Date: ____ / ____ / ____
 Status: Sold Price: \$ _____ Journal Number: _____
 Traded-In Scrapped Stolen
 Cannibalization Donated Missing
 Other Explanation: _____
 Preparer's Name: _____ Phone Number: (_____) _____
 Transaction Authority Name: _____
 Signature: _____

PART VII Office Use Only

Initials: _____ Date Completed: ____ / ____ / ____