

Date _____

In accordance with Board Policy and Administrative Procedure 6550 Disposal of District Personal Property, please complete as much of the requested information as possible. Please make sure equipment is marked as surplus to assist in the removal process. Please copy the Administrative Services Executive Assistant so the completed form can be submitted to the Board of Trustees. After Board approval, a work order will be created to remove the equipment.

Requested by (print name): _____ Phone: _____

Current Location of Equipment (Including building, room, campus):

Description of Equipment: Please attach completed Disposal of Equipment worksheet which is available [here](#). The completed worksheet must be attached to the Request for Disposal of Equipment. Be specific.

Reason equipment is no longer needed by the department:

Was the equipment purchased with Federal funds? _____

Do you plan to replace? _____

If yes, what is the source of funding? _____

Evaluation Criteria

Remaining useful life? _____

Cost to maintain or repair: _____

Once declared surplus, should equipment be ☐ Sold **or** ☐ Junk If sold, what is the value? \$_____**Approved:****Office use:**

Department Chair/Requestor Signature	Storage Location (if applicable)
Dean or Director Signature	Date Declared Surplus by Board of Trustees
Assistant Superintendent/VP of Administrative Services	Surplus Location