Last Revised Date: 2/25/2025

Equipment Disposal Form

Equipment Details		
Tag # (5 Digits):		PI Name:
Department #:		Building:
Acquisition Cost (if known):		Room #:
Speedtype:		Serial #:
Description:		Model #:
Deliner of Information (
Retirement Information (s Retirement: □ Speedtype:	Select all that applies) Sold/Traded: Proceeds: Traded for:	Moving with PI to Another Institution: □ Name of Institution:
General Counsel, and then only can occur.	/ may be signed by authoriz	osed contract, it must be reviewed by the Office of red signors on behalf of the university before the transfer
Approvals – Required for D	Disposals	
Department Admin: Name:	Signature:	Date:
Department Chair/Dean's Off Name:	fice Designee: Signature:	Date:
Approvals – Required for G	irant Related Disposals	
Office of Research Administra Name:	ation: Signature:	Date:
Approvals – Required for C	Computer Equipment Sc	rubbing or Equipment Decontamination
Environmental Health & Safe Name:	ty: Signature:	Date:
UTech Information Security: Name:	Signature:	Date:
To be completed by the Eq	uipment Accounting Of	fice: controller-equipment@case.edu
Name:	Sign	nature
Date processed in AM:		
Please email form to controller	r-equipment@case.edu.	