



Equipment Disposal Form

Equipment Details	
Tag # (5 Digits):	PI Name:
Department #:	Building:
Acquisition Cost (if known):	Room #:
Speedtype:	Serial #:
Description:	Model #:

Retirement Information (select all that applies)

Retirement: ☐ Sold/Traded: ☐ Moving with PI to Another Institution: ☐
Speedtype: Proceeds: Name of Institution:
Traded for:

If equipment is being transferred out of CWRU per a proposed contract (such as a purchase order or equipment purchase agreement), it must be reviewed by the Office of General Counsel, and then only may be signed by authorized signors on behalf of the university before the transfer can occur.

Approvals – Required for Disposals

Department Admin:

Name: Signature: Date:

Department Chair/Dean's Office Designee:

Name: Signature: Date:

Approvals – Required for Grant Related Disposals

Office of Research Administration:

Name: Signature: Date:

Approvals – Required for Computer Equipment Scrubbing or Equipment Decontamination

Environmental Health & Safety:

Name: Signature: Date:

UTech Information Security:

Name: Signature: Date:

To be completed by the Equipment Accounting Office: controller-equipment@case.edu

Name: Signature

Date processed in AM:

Please email form to controller-equipment@case.edu.