



Disposal Requisition Form - Surplus Property

Send this form to: Equipment Accounting. The department should retain a copy as proof of submission.

Please type or print.

Date _____

1. Releasing Department

Department Name _____

Contact Name _____

Title _____

Signature _____

Location of Item(s) _____

Phone _____

Date _____

Account number for sale proceeds or disposal cost

2. Dean/Management Center or Designee

Name _____

Management Center _____

Signature _____

Date _____

3. Equipment Accounting

Approved Not Approved (See attached)

Name _____

Title _____

Signature _____

Date _____

4. Dept. of Occupational & Environmental Safety

Approved Not Approved

Name _____

Title _____

Signature _____

Date _____

5. Recycling Coordinator

CI Approved Not Approved

Name _____

Title _____

Signature _____

Date _____

✓ Each Item Surplus	Scrap	Quantity	Item Description (Make, model, serial number, condition, CWRU tag number, etc.)	Selling Price & Buyers Name	Asking Price for Free-Net

For Equipment Accounting use only:

See instructions on reverse side

Movers: Recycle

Movers: Trash