Equipment Transfer/Sale/Disposal Form

Submitted To: Mr. Thomas Mahoney Date Submitted:

Submitted By: Extension:

Detailed Description:

Obtain information from Accounting Dept. if not known

Make/Model: Serial Number:

GL/FAS no:

Originating corporation: Company tag no:

- IF TRANSFERRED TO ANOTHER DEPARTMENT

Originating Department: Receiving Department:

Spvr signature/date: Spvr signature/date:

- IF SOLD OR SCRAPPED TO OUTSIDE COMPANY OR INDIVIDUAL

Please fill out an invoice (obtain from the Accounting Dept.)

- IF DISPOSED WITHOUT REMUNERATION

Department: Dept. Supervisor Signature/Date:

What will be done with this item?

- ADDITIONAL COMMENTS:

Approved: Date:

Upon approval, cc to: **Mr. Barry Chappell, A-4**
Originating Dept. Supervisor
Receiving Dept. Supervisor (if applicable)