

Arkansas State University

Request for Excess Equipment Removal or Disposal

Date: ASU Tag #: Asset Condition:

Equipment Description
(include Brand, Model #,
Serial #, etc):

Remove this equipment for reuse Remove this equipment for disposal

Reason for Removal/
Disposal:

Person Responsible for Request:

Name: _____ ASU ID: _____

Department: _____ Building: _____

ASU Email Address: _____ Work Phone: _____

Signature of Person Transferring Equipment: _____ Date: _____

Chair/Supervisor Signature: _____ Date: _____

Dean/Department Head Signature: _____ Date: _____

Facilities Management Signature: _____ Date: _____

Property Accounting Signature: _____ Date: _____

All departmental signatures must be completed.

Provide form to Facilities Management personnel when equipment is picked up. Facilities Management will sign and date the form and forward it to Michelle Malone in the Administration Building, Property Accounting Office.