

Arkansas State University

Request for Excess Equipment Removal or Disposal

Date: _____

Equipment Information

Tag Number	Asset Condition	Serial Number	Brand/Model	Item Description	Reuse or Dispose?

Attach file with additional items if necessary.

For IT Services use only:

- Mobile Devices: Check here to indicate the SIM card(s) has/have been removed and destroyed (if applicable).
- Computers/Laptops/Tablets: Check here to indicate all University-owned files have been transferred/removed appropriately.

Employee Requesting Removal or Disposal

Name: _____ ASU ID: _____

Department: _____ Building/Room: _____

ASU Email Address: _____ Work Phone: _____

All departmental signatures must be completed prior to submitting to Property Accounting.

Contact Facilities Management Work Order Center at extension 2067 to submit a work order. Provide a copy of this form to the Work Order Center via email or fax. Upon receipt, Facilities Management is required to sign this form. Submit a copy of the completed form to Hunter Lewis in the Administration Building, Property Accounting, or via email to hlewis@astate.edu.

Required Signatures

Employee Transferring Equipment:

Print Name Title Signature Date

Chair/Supervisor:

Print Name Title Signature Date

Dean/Department Administrator:

Print Name Title Signature Date

Facilities Management:

Print Name Title Signature Date

Property Accounting:

Signature Date