



## Authorization for Retirement of Equipment

Asset Administrator Name: \_\_\_\_\_

Intramural Address: \_\_\_\_\_ Mail Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_@\_\_\_\_\_ University Extension: \_\_\_\_\_

*Please complete the following information for the assets to be disposed. (Use a separate sheet for each item being disposed.)*

<b>Asset# or Tag#</b>			
<b>Description</b>			
<b>Serial #</b>			
<b>(Clearing) Account # Charged*</b>	----- <i>(From the original (or adjusted) Purchase Order)</i>		
<b>Acquisition Date</b>		<b>Acquisition Cost</b>	
<b>Date of Disposal</b>		<b>Accumulated Depreciation</b>	+
<b>Sale Price</b> <small>(If Applicable)</small>		<b>Book Value</b>	=
<b>Sale Tax</b> <small>(If Applicable)</small>		<b>Method of Disposal</b>	

\_\_\_\_\_  
Business Administrator or Department Chair or Director Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Senior Business Officer Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Associate Treasurer Signature (Acquisition Cost over \$50,000) Date: \_\_\_\_\_

\_\_\_\_\_  
VP of Finance & Treasurer Signature (Acquisition Cost over \$250,000) Date: \_\_\_\_\_

**\* Important: If Sponsored Program (5 Fund)**

**Please send form to**

*Office of Research Services Room P-221  
Franklin Building/ 6205*

**ORS Comments:**

\_\_\_\_\_

**ORS Signature:** \_\_\_\_\_

**ORS should return form to originating Department.**

**Department Must Retain This Form In Accordance With The  
University Record Retention Policies**