

Equipment Retirement Form



Preparer Name: _____
 Reviewer Name: _____
 School/Center: _____
 Department/ORG #: _____
 Department/ORG Description: _____
 Quarter / Fiscal Year: _____

(If Applicable)

Asset#	Tag#	Asset Description	Resp ORG	Acquisition Date	Date of Disposal	Acquisition Cost	Accumulated Depreciation	Net Book Value	Method of Disposal	PO #	Fund #	Funding Source	Sales Price	Sales Tax	Date Reviewed	Reviewer Initial	Date Retired In BEN Assets
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

**** Important: If Sponsored Program (5 Fund) ORS Must Conduct a Post Retirement Review prior to disposal
Please send spreadsheet to Office of Research Services Room P-221 Franklin Building/6205**

***** IF NET BOOK VALUE OF ANY INDIVIDUAL ASSET ABOVE IS \$5,000 OR GREATER, THE APPROVALS BELOW ARE REQUIRED**

Signatures

Senior Business Officer: (If NBV between \$5,000 and \$100,000) _____

Vice Dean or Center Equivalent: (If NBV greater than \$100,000) _____

ORS (If externally funded) _____