

CENTRAL ARIZONA COLLEGE EQUIPMENT DISPOSAL FORM

To: Office of Property Control

From Department Name: _____

Division Chair/Director/Dean Name: _____

Signature _____

Date: _____

Please complete as much information as known below and forward to Direct of Purchasing Services

DESCRIPTION OF EQUIPMENT	PCCCD TAG#	MODEL# SERIAL#	LOCATION:		CONDITION OF EQUIP Good, Fair, Poor	Disposal Code See Below
			Campus	Bldg Room#		

DISPOSAL CODES:

O = Obsolete, To warehouse for disposal

ST = Stolen

M = Missing/Under Investigation if location unknown

C = Cannibalized/Trashed

T = Traded In

S = Sold

If Moved to Warehouse, Requires Warehouse Signature of Receipt of Equipment: _____

The condition of the above equipment has been verified as indicated and is recommended for disposal

Director of Property Control Approval

Date