

UNIVERSITY OF VIRGINIA EQUIPMENT DISPOSITION REQUEST FORM (P-1)

Section A Transaction Identification

TRANSFERS

Attach justification letter if transferred to another institution

Check one	To Another	Name & Location
	Department/Organization	
	Location(Intradepartment)	
	Institution/State Agency	
	Other (Specify)	

DISPOSALS

Attach explanation of transaction(s) and supporting document(s)

Check one	Type
	Trade-in P.O.# (required)
	Returned for Replacement
	Cannibalized
	Theft/Disappearance
	Surplus
	Other (Specify)

Section B Equipment Identification

EQUIPMENT IDENTIFICATION

Asset Tag Number	Description	Old Location	New Location (bldg,room)

Section C Department/Organization Identification

DEPARTMENT/ORGANIZATION IDENTIFICATION

RELEASING DEPT./ORG.

ORG Number & Name : _____

Contact Person & Phone Number: _____

Signature of Contact : _____ Date _____

Print Name of Dept./Org. Head : _____

Signature of Dept./Org. Head : _____ Date _____

RECEIVING DEPT./ORG.

ORG Number & Name : _____

Contact Person & Phone Number: _____

Signature of Contact : _____ Date _____

Print Name of Dept./Org. Head : _____

Signature of Dept./Org. Head : _____ Date _____

Return Original to Fixed Assets (Property) Accounting, Dept. of Financial Analysis, Carruthers Hall.
Retain copy for all parties involved. Questions 924-4209 or 924-4284 Fax 982-2163

FIXED ASSETS (PROPERTY) ACCOUNTING APPROVAL

Name : _____ Date _____

Signature: _____