FAIRMONT STATE UNIVERSITY™
Administration and Fiscal Affairs

FAIRMONT STATE UNIVERSITY
ASSET DISPOSAL REPORTING FORM
USED FOR SURPLUS/WORN OUT OR OBSOLETE ITEMS

To be completed by School/Department

SCHOOL/DEPARTMENT:_____

ASSET TAG # _____ **SERIAL #** _____

ASSET DESCRIPTION _____

BUILDING #: _____ **ROOM #:** _____

Reason for Requesting Disposals: _____

Place of Storage Until Pick-up: _____

I hereby authorize the disposal of the asset identified above.

_____	_____	_____
Custodian Name and Title	**Custodian Signature**	**Date**
_____	_____	_____
Dean/VP/Director and School or Department	**Dean/VP/Director Signature**	**Date**

Submit form to Physical Plant with Asset

To be completed by Physical Plant

DATE PICKED UP FROM DEPARTMENT: _____

NAME OF PHYSICAL PLANT STAFF: _____

SIGNATURE OF PHYSICAL PLANT STAFF: _____

Once asset has been surplused, forward form to Accounting to be removed from the Fixed Asset Inventory System

DATE REMOVED FROM FIXED ASSETS: _____

NAME OF ACCOUNTING STAFF: _____

SIGNATURE OF ACCOUNTING STAFF: _____