

UM Property Disposal Report

Control # _____

Dept Code
Department Name
Date
Name & Signature of Department Head

Description	Serial Number	UM Number	Condition Code	Request Code	Initial ONLY the equipment picked up				
					Dept Initials	Property Staff Initials	Property Code	Tracking Number	Date Receive

I would like to have the item(s) listed above removed from my departmental inventory. UM Property Control is authorized to dispose of this equipment in the method which most benefits The University of Mississippi. **I also understand that some items may need to be removed by Facilities Management -Trucking at the expense of my department.**

CODES					
Condition		Request		Property Control Use Only	
1	Operational	P	Pick-up Equipment	JK	Salvage
2	Needs repair	D	Equipment to be delivered		
3	Beyond repair				

 Departmental Personnel Signature (at time of removal) Date

 Materials Handling Supervisor Date
 (Certifies transfer process completed)

 Receiving Personnel Signature (at time of removal) Date