

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 _____

Assistant Director Procurement Services _____ Date _____
(Certifies transfer process completed)

Receiving Personnel Signature (at time of removal) _____ Date _____