UNIVERSITY AT BUFFALO
The State University of New York

(Note: Departments may assign their own Disposal Number; otherwise the Dept Name, Account #, and date will serve as the unique identifier.)

Request for **DISPOSAL#_____**

DISPOSAL FORM

DISPOSAL MUST BE HANDLED THROUGH CUSTOMER SERVICE, UNIVERSITY FACILITIES.
*****ONLY ITEMS AND QUANTITIES LISTED WILL BE REMOVED*****
IT IS ILLEGAL TO REMOVE EQUIPMENT/FURNITURE WITHOUT PROPER FORMS ON FILE.

The items listed below are in "poor" or "scrap" condition. A copy of this form has been attached to the items listed below to identify them as ready for removal.

NOTE: Copies are to be distributed by the department initiating this form.

Requestor _____ Phone # _____Ext._____ Date _____
Print/type name

Department _____ Inventory Account # _____

Location for pick up: _____
(different locations require separate forms)

Qty	Asset #	Serial #	Mfr.	Model	Description

The signatures below ascertain that the condition of the above listed items are in "poor" or "scrap" condition and authorizes their disposal. Also, the signatures below certify that the equipment listed is free from any and all radioactive or hazardous materials.

Signature of Department Inventory Coordinator: **Signature of Department Head:**

_____ _____

Print/type name _____ **Print/type name _____**

(This form must always contain two separate authorized signatures as indicated.)

COPY DISTRIBUTION - Sufficient photocopies must be made as follows:

Signed original to: Inventory Services, 208 Crofts Hall

Photocopies to: **Send a copy to Customer Service at 120 Beane Center to schedule the removal**
Attach a copy to each item for disposal (used to identify items to be picked up)
Retain one copy in YOUR Departmental Files for audit purposes (see reverse for definitions and procedure)

(5/10/05) Questions regarding the use of this form should be directed to Inventory Services, 208 Crofts Hall, 645-2619.