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| C:\Users\wlewis\Pictures\UA-color-left-med.png | **COOPERATIVE EXTENSION SERVICE****Property Disposal Form** | MISC-374DRev. 12-18-2024 |
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|  |
|  |  |  |  |  |
| **Transfer****Department:** |       | **Cost****Center** |       | **Receiving****Department:** | **Facilities Management** | **Cost****Center** | **CC012960** |
|  |  |
| **Name of Contact Person – Transfer Department:** |       |  | **Contact Person Phone:** |       |  |  |
|  |  |
| **Date:** |       |  |  |  | **Contact Person Email:** |       |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |       |  |  |  |
| **Signature of Department Head/Staff Chair - Transfer Department** |  |  |  |
|  |  |  |  |  |
| **This signature must be obtained before Facilities Management can accept equipment.** |
|  |
| **\*\*(DEPARTMENTAL SIGNATURES ARE REQUIRED ON ALL TRANSFERS)** |
|  |
|  |
|  |  |  |  |  |  |
| **Description of Equipment** | **Asset or CES Tag #** | **Serial #** |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | Signature of Person Transporting Equipment | Date |
|  |  |  |  |  |  |
|  |  |  |  | Signature of Facilities Management Personnel | Date |
|  |  |  |  |  |  |
|  |  |  |  | Signature of Finance Office Personnel | Date |
|  |  |  |  |  |
|  |  |  |  | Date disposal was completed |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |
| **\*\* SEND COMPLETED TRANSFER FORM TO PROPERTY ACCOUNTING (****property@uada.edu****) \*\*** |