



EQUIPMENT DISPOSAL REQUEST

Date _____ Work Order # _____
(To be completed by Procurement)

DSU # _____

Description _____
(See notice below concerning computer equipment)

Serial Number _____

Department and Location
(Building & Room #) _____

Contact Person & Extension _____

Reason for Disposal (Check ONE only, give accurate condition of equipment)

_____ (A) Functional

_____ (R) Non-functional

ALL INFORMATION MUST BE COMPLETED FOR PROCESSING. ANY ADDITIONAL COMMENTS ABOUT THE CONDITION OF THE EQUIPMENT CAN BE NOTED BELOW:

NOTICE: BEFORE DISPOSING OF COMPUTER EQUIPMENT, THE HARD DRIVE MUST BE PURGED OF ALL SENSITIVE AND CONFIDENTIAL INFORMATION. THIS DEPARTMENT IS RESPONSIBLE FOR CONTACTING OIT AT EXT. 4760.

Signature, OIT personnel (Required only if computer equipment)

Signature, Department Head (Required for all disposals)

Forward this form to J.B. Willingham, KWH 221. Procurement will contact Facilities Management to pick up the equipment.

Approved by Procurement _____

Date _____

Picked up by Facilities Mgt _____

Date _____