Rev 9/17

DISPOSAL OF INVENTORY

DEPARTMENT NAME _____

TAG #	DESCRIPTION OF ITEM	DISPOSITION CODE	NEW LOCATION	DATE

_____
SIGNATURE OF PERSON SUBMITTING FORM

DISPOSITION CODES:
1. TRANSFERRED OUT **2.** SOLD **3.** TRADE IN **4.** AUCTION **5.** DESTROYED
6. USED FOR PARTS **7.** TRANSFERRED IN **8.** STOLEN **9.** UPGRADE **10.** RECYCLED

** IF THE ITEM IS BEING TRANSFERRED OUT, PLEASE IN THE NEW LOCATION COLUMN PUT THE NAME OF THE DEPARTMENT RECEIVING THE INVENTORY