

# CENTRAL ARIZONA COLLEGE EQUIPMENT DISPOSAL FORM

**To: Office of Property Control**

From Department Name: \_\_\_\_\_

Division Chair/Director/Dean Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please complete as much information as known below and forward to the Director of Purchasing

DESCRIPTION OF EQUIPMENT	PCCCD TAG#	MODEL# SERIAL#	LOCATION:		CONDITION OF EQUIP Good, Fair, Poor	Disposal Code See Below
			Campus	Bldg Room#		

**DISPOSAL CODES:**

<b>O = Obsolete, To warehouse for disposal</b>	<b>C = Cannibalized/Trashed</b>
<b>ST = Stolen</b>	<b>T = Traded In</b>
<b>M = Missing/Under Investigation if location unknown</b>	<b>S = Sold</b>

If Moved to Warehouse, Requires Warehouse Signature of Receipt of Equipment: \_\_\_\_\_

The condition of the above equipment has been verified as indicated and is recommended for disposal

\_\_\_\_\_  
Director of Purchasing Approval

\_\_\_\_\_  
Date