Equipment Retirement Form

(This form is not to be Used for Surplus Assets)

Date of Request

Location:

Department Number:

Department Name:

The equipment listed below should be removed from the Asset Management System for the reasons indicated.

Asset ID	Tag Number	Project Number	Asset Description	Serial Number	Disposal Code

Printed Name of Equipment Coordinator

Printed Name of the Supervisor or Vice President

Signature of Logisitical Services/Central Stores

Signature/Date	
Signature/Date	
Signature/Date	

Date

Disposal Code:

- Y Destroyed (Natural Disaster)
- F Disposal Due to Theft
- C Salvaged
- Q Transferred To Another State Agency
- T Traded In
- D Disappeared
- Z Destroyed
- J Returned to Sponsor
- H Reclassified as Fixed Asset