

Western Oregon University PROPERTY DISPOSITION REQUEST

Type of Rec	quest:			Department Name:				200	
Surplus Sale Trade-Ir		Trade-In	Missing Other	one				PDR	
Surplus Recycle/Scrap Lost/Sto		Lost/Stole	ORG:					Date:	
					Year	Acquisition	Remainin		Sale or
Asset #	Cap Fund	Cap Acct	Description		Acquired	Cost	Book Valu	ie	Trade-In Price
					Totals:				
List reason(s) for disposition of above listed equipment - if equipment is missing, explain why it cannot be located:									
By signing below, I agree to the statement(s) contained above. I also certify that I have the authority and responsibility for this equipment disposition request.									
Print Name of Requestor/Submitter Signature Date									
Print Name of Department Head/Director Signature Date									
1. Additional Information:									
2. Make disposition as follows:									
SURPLUS PR	OPERTY MANAG	GER		Date					
J-1.11						Date			
I certify that	the property lie	ted ahove had	s been disposed of in compliance with abo	ove instructions					
Print Name of Fixed Assets Representative Signature Date									