Lane Community College

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PROPERTY DISPOSITION REQUEST

Type of Request: ☐ Surplus ☐ Trade-In ☐ Lost/Stolen ☐ Missing ☐ Other	Department Name:	
	ORG:	Date:

Asset #	Cap Fund	Cap Acct	Description	Year Acquired	Acquisition Cost	Remaining Book Value	Sale or Trade-In Price
				Totals:	**$0.00**	**$0.00**	**$0.00**

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

1. Additional Information:

2. Make disposition as follows:

Surplus Property Representative Signature Date

I certify that the property listed above has been disposed of in compliance with above instructions

Fixed Assets Representative Signature Date