

## Notification of Disposition of Equipment Form

The faculty member responsible for equipment that is being disposed of and removing it from HRCA IFAR control or ownership must complete and sign this form. Please keep a copy of this form locally and send the original to Research Administration.

### 1. Equipment disposed of:

Tag #: Description:

Titled to: Acquisition Date:

Current location (complete Address):

Net Book Value: \$

If special terms & conditions exist affecting disposal, describe:

**2. Type of Disposal:** (sale, donation, trade-in, return to vendor/sponsor, if other: please explain)

**3. Reason for Disposal:** (no longer needed/ functional/ satisfactory, if other: please explain)

**4. If selling/donating, name, complete address, phone # and email address of receiving party:**

**5. Remarks:**

**6. Department approval of equipment transfer**

\_\_\_\_\_  
Faculty Member's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Signing official for Research Administration

\_\_\_\_\_  
Date

\_\_\_\_\_  
If replacing, signature from person replacing the equipment

\_\_\_\_\_  
Date

\_\_\_\_\_  
If donating, signature from person receiving the donation

\_\_\_\_\_  
Date