

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

EQUIPMENT REMOVAL

TO: Financial Services, Property Inventory
 DEPT. FROM: _____
 DATE: _____
 SUBJECT: Removal of Equipment from Inventory Records

Request is hereby made to remove the following item of equipment from the records of the above referenced cost center for the reason indicated by each piece of equipment.

INVENTORY NUMBER	ASSET DESCRIPTION	ALL SENSITIVE INFORMATION REMOVED? Y or N	PURCHASE DATE	PURCHASE PRICE	FUND CODE
ORGANIZATION	CONDITION (broken, obsolete, etc.)		BUDGET YR	PROJECT/GRANT	* REASON
1					
2					
3					
4					
5					

Explanations by Inventory Number - attach additional sheets if necessary

I, the undersigned Department Head certify that a representative of my cost center have made a physical inventory of our equipment and the above listed item(s) should be removed from our department inventory records for the reason listed.

 Department Head Signature Property Inventory Financial Services

 Print or Type Name Print or Type Name Print or Type Name

***REASONS:** Please select code that best describes each transaction and place in box above.

- | | |
|---|---|
| 1 | Used as trade-in (Give inventory number of replacement) |
| 2 | Retire as Missing (Explain circumstances including steps taken to locate equipment and prevent future losses) |
| 3 | Surplused |
| 4 | Transferred to another cost center (Give name of cost center) |
| 5 | Stolen (Give date and attach police report) |
| 6 | Cannibalized (Give explanation of circumstances) |