

Certification of Asset Disposal

Department: _____ Date: _____

Contact Information

Last name: _____ First name: _____

Title: _____ Phone number: _____

Department Authorization (department head or authorized representative)

Last name: _____ First name: _____

Title: _____ Phone number: _____

Asset Information (attach additional pages as necessary)

Asset Tag	Description	Cannibalized	Trade-in	Missing	Stolen	Other

For missing or stolen items, list all efforts made to locate asset(s), including date of action, name and extension of anyone assisting in or contacted as part of the search, UOPD case number (stolen items only), or other pertinent information such as date of trade-in, cannibalization, or surplus (please attach applicable documentation such as vendor invoice, PDR, police report, etc.):

I certify the information provided on this form is accurate and complete to the best of my knowledge. I request the removal of the asset(s) listed above from the Banner Fixed Asset System and my department's inventory. I agree to make efforts to improve our internal controls to safeguard University assets.

Contact Person Signature: _____ Date: _____

Department Authorization Signature: _____ Date: _____

BA Property Control Use Only

Property Control Authorization: _____ Date: _____

