



Asset# _____ Model# _____ Serial# _____

Description _____

DISPOSITION:

- Transfer** from Account Code# _____ to _____
 from Building _____ to _____
 from Room _____ to _____
 from Floor _____ to _____
- Surplus** (In excess to current needs. Indicate condition below)
- Obsolete** (Obsolescence should not impact condition. Indicate condition below)

- Excellent....** New and/or used equipment.
- Good.....** Used equipment which has not deteriorated in condition and/or appearance, and which can continue in use without repairs or renovation.
- Fair.....** Used equipment which has deteriorated in condition and/or appearance. Can be used, but may require repairs or renovation (i.e. mechanical, electrical) within one year.
- Poor.....** Used equipment that has deteriorated in condition and/or appearance and which may require minor repairs or renovation prior to limited immediate use.
- Scrap.....** Equipment which has no value other than basic material content. This includes cannibalized equipment, equipment requiring significant repairs (for which parts are not available), or non-reparable items due to cost of repair, etc.

Released By: _____

Date: _____

Received By: _____

Date: _____

Copies: Original - PCS Coordinator; Copy - Receiving Supervisor; Copy - Releasing Supervisor

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