



REQUEST TO DISPOSE OF EQUIPMENT

University of Southern Mississippi

Gulf Coast Research Laboratory

PROPERTY ACCOUNTING

INVENTORY NO.	SERIAL NO.	DESCRIPTION	ORIGINAL PRICE	REASON FOR DISPOSAL

PROPERTY LOCATION #: _____ PROPERTY LOCATION NAME: _____

REQUESTOR'S NAME (PRINTED): _____ REQUESTOR'S NAME (SIGNATURE): _____

SIGNATURE AUTHORITY'S NAME (PRINTED): _____ SIGNATURE AUTHORITY'S SIGNATURE: _____

RECEIVED BY PROPERTY OFFICER: _____ DATE: _____