



# REQUEST TO DISPOSE OF EQUIPMENT

University of Southern Mississippi

## Gulf Coast Research Laboratory

PROPERTY ACCOUNTING

PROPERTY LOCATION #: \_\_\_\_\_ PROPERTY LOCATION NAME: \_\_\_\_\_

INVENTORY NUMBER: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

REASON FOR DISPOSAL: \_\_\_\_\_

\_\_\_\_\_  
Requestor's Name (Print or Type)

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Authority (Print or Type)

\_\_\_\_\_  
Signature Authority's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by Property Office

\_\_\_\_\_  
Date

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### Property Office Use Only

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Method of Disposal:

- Computer/Telecommunications Equipment - Department must have hard drive removed - CP2 required
- Salvage - Form 961 Required
- Surplus - Form 961 Required
- Sold - Form 873 Required
- Trade - Form 873 Required