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| *Fayetteville Technical Community College* | | | | | | | | | | | | | | | | | | |
| DISPOSAL OF SURPLUS and/or OBSOLETE EQUIPMENT | | | | | | | | | | | | | | | | | | |
|  | | | | | Date: |  | | | | | |  | | | | | | |
| To: Property Control: | | | | | |  | | | | | | | | Date: | | |  | |
| Thru: Director/Dean | | | | | |  | | | | | | | | Date: | | |  | |
| Associate Vice President: | | | | | |  | | | | | | | | Date: | | |  | |
| Vice President: | | | | | |  | | | | | | | | Date: | | |  | |
| Senior Vice President: | | | | | |  | | | | | | | | Date: | | |  | |
|  | | | | | |  | | | | | | | |  | | |  | |
| From: | |  | | | | | | | | |  |  | | | | | | |
|  | | (Name) | | | | | | | | |  | (Title) | | | | | | |
| Subject: Disposal of Surplus and/or Obsolete Equipment | | | | | | | | | | | | | | | | | | |
| A. | Description: | | |  | | | | | | | | | | | | | | |
| B. | State Number: | | | 832- | | MIS Number: | | |  | | | Serial Number: | | | |  | | |
| Is item being leased: | | | | | Yes | No | | Unsure | | | If yes, list Co name: | | | | | | | |
| Was item purchased with a grant: | | | | | Yes | No | | Unsure | | | If yes, which grant: | | | | | | | |
| C. | Condition: | | Operable | | | Inoperable | | | |  | | | | | | | | |
| If inoperable, would item work with minor repairs: | | | | | | | | | | Yes  No | | | | | | | | |
| D. | Reason for Disposition: | | | | Surplus | | Obsolescence | | | | | Fair-Wear | | | Cannibalization | | | |
| E. | Suggested Sale Price if sold: | | | | |  | | | | | | | | | | | | |
| F. | Other information that would help to dispose of said item(s): | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| G. | Location of item(s): Building: | | | | |  | | | | | |  | Room Number: | | | | |  |

IMPORTANT: This form will be signed by Property Control and returned to the initiator. DO NOT dispose of any property until notified by Property Control.