UM Property Disposal Report

Control # _____

_____ _____

Dept Code Department Name Date Name & Signature of Department Head

Description	Serial Number	UM Number	Condition Code	Request Code	Initial ONLY the equipment picked up				
					Dept Initials	Property Crew Initials	Property Code	Tracking Number	Date Receive

I would like to have the item(s) listed above removed from my departmental inventory. UM Property Control is authorized to dispose of this equipment in the method which most benefits The University of Mississippi.

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Property Control Supervisor Date

CODES					
Condition		**Request**		**Property**	
1	Operational	P	Pick-up Equipment	JK	Salvage
2	Needs repair	D	Equipment to be delivered	B	Boneyard
3	Beyond repair	SP	Request to use as spare parts		