BLINN COLLEGE
AUTHORIZATION FOR EQUIPMENT TRANSFER OR DISPOSAL

PLEASE COMPLETE THE FOLLOWING INFORMATION

DATE: ____________________________
REQUESTOR: ______________________
DEPARTMENT: ______________________ CAMPUS: ______________________
DESCRIPTION OF ITEM: ________________________________________________
DOES IT WORK? ____ YES ____ NO ESTIMATE TO REPAIR: $___________
BLINN INVENTORY #: __________ SERIAL #: _________________________________
ITEM LOCATION: ______________________ BLDG.: ___________ RM.#: __________
RECOMMENDATION FOR DISPOSAL: ____ RE-USE ____ SCRAP ____ SALE
SIGNATURE: __________________________________________________________ PH# ____________

****PLEASE FORWARD TO CAMPUS MAINTENANCE****

THIS SECTION TO BE COMPLETED BY MAINTENANCE PERSONNEL

DISPOSAL ITEM #: ______________________
FINAL DISPOSITION: _____RE-USE _____SALE _____SCRAP
RE-USE DEPARTMENT: __________________ SIGNATURE: _______________________
LOCATION: BLDG. _______ RM.# _______ DATE: ________________
SALE: DATE: ________________
SCRAP: DATE: ________________
PHYSICAL PLANT SIGNATURE: ___________________________________________
ADMINISTRATIVE REVIEW/APPROVAL SIGNATURE: _______________________________