

Computer Disposal/Transfer Form

Name				
Department	:		Location	
Request Typ	<u>oe</u>			
Disposal	Transfer	Donation	E	mployee Purchase/Donation
<u>Equipment</u>				
ITS Tag	Manufacturer	Model		Serial Number
Reason for I	Disposal (check all that	apply)		
_	no longer functional			
	g equipment (other tha			
Transferring equipment to another department Giving computer to employee or employee purchase				
Computer antiquated, no longer useful				
Stolen				
Damaged beyond repair				
Other				
Employee Signature			_ Date	
Supervisor S	Signature		Date	
FOR ITS USE	ONLY:			
ITS Approval				Date
	set securely erased an			Yes No