# Equipment Retirement Requisition Form

**Purpose:** To properly account for any equipment item that is no longer in use at the University.

**Directions:** Fill in Requisition Requester information, required information about equipment being retired, and submit completed forms to appropriate parties.

| Requestor Name: | Job Title: | Department: | Phone Number: | Signature: | Date: |
|---|---|---|---|---|---|
| | | | | | |

**Required Information about Equipment being retired:**

| | | | |
|---|---|---|---|
| **Description of Equipment:** | | | |
| **CASE Tag Number:** | | **Model Number:** | |
| **Serial Number:** | | **Current Condition:** | **Excellent / Good / Poor** |
| **Acquisition Cost:** | | **Source of Acquisition Funds:** | |
| **Current Market or Sale Price:** | | **SpeedType for Sale Proceeds or Disposal Cost:** | |

| | | | | |
|---|---|---|---|---|
| **Reason for Retirement of Equipment:** *Check appropriate box. Please see Equipment Manual for explanation of Codes. | | **Disposed or Discarded** | | **Sold** |
| | | **Damaged or Destroyed** | | **Stolen** |
| | | **Missing or Lost** | | **Obsolete (not in use)** |
| | | **Transferred or Donated** | | **Other (explain below)** |
| **Comments:** | | | | |

**Approvals:** The following approvals must be obtained before retirement of equipment is granted. Each party should retain a copy.

**Department Administrator:**

| Name | Title | Phone | Signature | Date |
|---|---|---|---|---|
| | | | | |

**Project Investigator:**

| Name | Title | Phone | Signature | Date |
|---|---|---|---|---|
| | | | | |

**Department Chair / Head:**

| Name | Title | Phone | Signature | Date |
|---|---|---|---|---|
| | | | | |

**Dean or Deans Designee:**

| Name | Title | Phone | Signature | Date |
|---|---|---|---|---|
| | | | | |

**Department of Occupational and Environmental Safety:**

| Name | Title | Signature | Date | Approval | | | |
|---|---|---|---|---|---|---|---|
| | | | | Yes | | No | |

**Equipment Accounting:**

| Name | Title | Signature | Date | Approval | | | |
|---|---|---|---|---|---|---|---|
| | | | | Yes | | No | |