



Richard Bland College
Fixed Assets Disposal and Surplus Form

Department: _____ Department Head (Print): _____

Signature: _____

Location of Items:

Building Name _____ Room Number _____ Date _____

Reason of Action: _____

	Item Description	Serial Number	RBC Asset Tag Number	Quantity	New Location
1					
2					
3					
4					
5					
6					
7					

Note: use separate forms for disposal or surplus

ACTION REQUESTED: Check One

- | | | | |
|------------------------------------|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Donation | <input type="checkbox"/> Lost | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Surplus | <input type="checkbox"/> Stolen (Has a Police report been filed) | | |
| <input type="checkbox"/> Destroyed | <input type="checkbox"/> Unusable/Cannibalized | | |

FURTHER DETAIL OR OTHER REASON: _____

FOR PROPERTY CONTROL USE ONLY COMMENTS:

Please submit the completed form to the Finance Office.