



DISPOSAL OF DISTRICT PROPERTY REQUEST

Name of Requester: _____ Extension: _____ Date: _____

Campus Location: _____ Location of Equipment: _____

Approved by: _____ Date: _____
Name of Budget Administrator Budget Administrator's Signature

Type of Item. Include Description/ Manufacturer/Model and attach photo files to email	State condition of Item (Good, fair, poor or unknown condition)	Serial #	PO #	WVM Asset Number (if any)

Email completed form to: surplus@wvm.edu

GENERAL SERVICES ONLY:

REMOVED FROM INVENTORY DATE: _____

METHOD OF DISPOSAL AND DATE: _____