North Carolina A&T State University

FIXED ASSETS 601PM EQUIPMENT DISPOSITION/TRANSFER FORM

If you are disposing of multiple items in the same category (e.g., 20 computers), complete this page then list the individual items with serial numbers and tag numbers on an attached sheet. Non-equipment items such as chairs, tables, desks, etc. may be grouped as one lot. To ensure the correct equipment is removed from your department, the inventory tag number must be supplied. The original copy of this document must be sent to Surplus Property. Phone #336-285-4546 Fax #336-334-7214

<table>
<thead>
<tr>
<th>Qty</th>
<th>Inventory Tag#</th>
<th>Description/Model</th>
<th>Serial Number</th>
<th>Condition Good/Poor</th>
<th>Code</th>
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For Computer Equipment: Have software and data files been erased, with proper documentation filed to comply with applicable software licenses? □ Yes □ No Signed: ___________________________ Print: ___________________________ Date: ___________________________

Please check or list one of the following codes:

SU- Surplus   LS- Lost/Stolen (Stolen must attach copy of Campus Police Report)   JU-Junk
C- Cannibalized for parts   TR- Traded in for

□ Moved to another room/building within the department _____________________________________________
  (new building and room number)

□ Transferred to another department _____________________________________________________________
  (new department and room number)

□ Transferred to another university ______________________________________________________________
  (recipient university)

□ Received on loan from _____________________________________________ or _____________________________________________ until _________________
  (department) (other institution, agency, company, etc.) (date)

□ Loaned out to _____________________________________________ or _____________________________________________ until _________________
  (department) (other institution, agency, company, etc.) (date)

□ Missing asset _____________________________________________
  (Must provide explanation)

□ Other _____________________________________________
  (please describe)

Current Department: ___________________________ Organization Code/Number: ___________________________

Location of Item (Building and Room): ___________________________ Phone Number: ___________________________

Print Name of Department Head/Authorized Signatory: ___________________________

Signature: ___________________________ Date: ___________________________

November 21, 2011

To be Completed by Receiving Department for Transfers

Receiving Department: ___________________________

Contact Name: ___________________________

Phone Number: ___________________________ Building/Room: ___________________________

Signature: ___________________________ Date: ___________________________