FORM ACT 39 (9/93)

12819

STATE OF CONNECTICUT
Board of Governors for Higher Education
UNIVERSITY OF CONNECTICUT

TRANSFER OR RETIREMENT OF EQUIPMENT OR SUPPLIES

FROM

DEPARTMENT_____

FRS DEPT #_____ BUILDING_____

DEAN, DIR., HEAD_____ (SIGN.)

DEAN, DIR., HEAD_____(PRINT)

CONTACT NAME_____PHONE_____

REMOVED BY_____DATE_____

TO

DEPARTMENT_____

FRS DEPT #_____ BUILDING_____

DEAN, DIR., HEAD_____ (SIGN.)

DEAN, DIR., HEAD_____(PRINT)

RECEIVED BY_____DATE_____

FROM ROOM	TO ROOM	UNIVERSITY TAG NO.	DESCRIPTION (INCLUDE SERIAL #'S)	QTY.	DATE PURCH.	ORIG. COST	RECOMMENDED DISPOSITION (See Below)

RECOMMENDED
DISPOSITION CODES: 1. TRANSFER 2. TRADE-SELL 3. SURPLUS 4. SALVAGE PARTS 5. OTHER (EXPLAIN)

REASON FOR DISPOSITION_____

DISPOSAL RECORD (For Central Warehouse use only):
DATE_____ DISPOSITION_____DPS-38 NO. _____

APPROVED BY_____ ASST. DIR. PURCHASING & WAREHOUSING

INVENTORY CONTROL