

PIKES PEAK STATE COLLEGE

Property Disposal/Transfer Request

Property (item) description: _____

Please route completed form and item(s) to ITSS for electronic items such as computers, fax machines, typewriters, TV/VCR, etc.
DO NOT process cell phones using this form. Refer to MyPPSC for more information.

PPSC Bar Code: _____ Serial #: _____

Origin of Property (new/used, gift/donation, Perkins funded, grant, etc.) _____

Hazardous Material/Content: Does the item(s) contain hazardous material? No Yes Explain: _____

Reason for disposal/transfer (please check one):

- item in good condition, but no longer meets division/department needs
 item in poor condition & not cost effective to repair (explain) _____
 other (please explain) _____

Suggested method of disposal / transfer (please check one)

- transfer to another PPSC department or state agency (list suggested department/agency, if known) _____
 sell through sealed state bid process
 donate to eligible organization (list suggested agency and contact information, if known) _____
 turn over to State Surplus
 disposal (trash)
 other (please explain) _____
 no preference; at the discretion of Facilities & Operations

Current location of property/item: _____

Transporting property/item (please check one)

- property/item will be delivered to Facilities, B229 by respective division/department
NOTE: deliver all electronics (computers, projectors, TV/VCRs, etc.) to ITSS, B201
 a Facilities work request will be submitted by division/department to have item(s) picked up.
NOTE: Submit an ITSS work request for all electronics (computers, projectors, TV/VCRs, etc.)

Please coordinate transportation and/or relocation of furniture items through Facilities Office

Prepared by (please print): _____

Date: _____

Division/Department: _____ Room #: _____

Phone #: _____

Dean/Director approval: _____

Date: _____

ITSS approval: _____

Date: _____

(ITSS signature required for computer equipment, fax machines, typewriters, TV/VCR's, etc.)v

Perkins Representative approval: _____

Date: _____

(Signature required only for Perkins funded items)

Vice President approval: _____

Date: _____

(VP required if property cost \$1,000 or more and had a useful life of 2 or more years)

*** For Facilities & Financial Services Use Only ***

Temporary storage location: _____

Asset Value: \$ _____

Final disposal / transfer method: _____

By: _____

Date copy sent to Financial Services, if applicable: _____

Processed by: _____

Date: _____