



Fixed Asset Inventory Deletions, Transfers, and Sales

Dept. _____ Dept. # _____ Month/Year _____

Must be approved by VP and if I.T. related, by the AVP of I.T.

- () **Transfers between Department** Transfer to Dept. Name and #: _____
 - () **Deletions (if vandalized or stolen)** Report Date: _____
 (Attach an Incident Report form)
 - () **Surplus Sale Deletions (if determined to have value)** Deletion Date: _____
 (Attach surplus listing of items sold and how much sold for)
 - () **Recycling Deletions (if determined to have no value)** Deletion Date: _____
 - () **Other Deletions (Sold/Donated/Traded/Swap/Parts)** Sold/Donated Date: _____
- Address: _____

| Inventory Tag # | Description, Brand & Model # | Serial # or VIN # | Sale Amount | Building & Room # |
|-----------------|------------------------------|-------------------|-------------|-------------------|
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |

TOTAL \$ _____

VP Signature: _____

Required

Date: _____

AVP, I.T. Signature: _____

Required for all I.T. related items

Date: _____

Supervisor Signature: _____

Required

Date: _____

 (Staff initials) **I verify, items have been decommissioned with all internal hardware accounted for, inventory tags removed, and attached.**

Please complete form and return to the Business Office – Thank You.

Blue Mountain Community College is an equal opportunity educator and employer.