MCCD FIXED ASSET REASSIGNMENT OR DISPOSAL FORM

PURCHASING/WAREHOUSE/#1980/REVISED, SEPTEMBER 2019

DEPARTMENT	DATE				
LOCATION OF ITEMS AT DEPARTMENT/SITE					
REQUESTOR					
SIGNATURE OF DEPARTMENT ADMINISTRATOR:					
ACTION REQUESTED					
Please Move Furniture/Equipment to MCCD Warehouse					
Please Omit from Inventory					
Please move to new Location & Update Inventory					
Temporary move of Furniture/Equipment					
Property has been stolen. A police report has been filed.					
Equipment is available for reassignment					
Additional Instructions					
Pick up Date Return Date					
Move From:					
New Location:					
Contact:					
Requestor Phone or Ext.#					

This form must be attached to any or all of the following forms: MCCD Surplus Equipment List

Transfer of items between department/division/office should be agreed to both department administrator any temporary transfers of items which exceed thirty days are considered permanent and to be reported to the Purchasing Manager

Items with an original cost over \$200.00, shall not be disposed of unless approved by the department adminstrator and or the Purchasing Manager. Items that originally cost less than \$200.00 may be disposed of locally at the discretion of the department administrator, Records must be kept documenting the details of the disposal. Under no circumstances are items to given away or sold to students, staff or others.

To facilitate moving, please summarize the quantity and description of what has to be moved on the ITEM DESCRIPTION FORM

If moving equipment of value to MCCD warehouse or between campus sites please complete the attached EXCESS EQUIPMENT LIST including the MCID tag numbers serial numbers and descriptions.

If disposing equipment, please complete the attached SURPLUS EQUIPMENT LIST with as much information as possible, such as MCID tag numbers, serial numbers, description and condition of items. Please Note if the original cost was in excess of \$200.00.

MCCD SURPLUS EQUIPMENT LIST

Return Forms to Purchasing Manager

	Return this form to Purc	chasing Manager			
From:		Date:			
From: Requested by (please print)					
Department/Location:		Phone #:			
QTY	DESCRIPTION	CONDITION G = GOOD B = BROKEN	MCID#	SERIAL NUMBER	
REQUESTOR SIGNATURE				DATE	

COPY TO: PURCHASING, REQUESTOR COPY TO: REMAIN WITH EQUIPMENT