

VIRGINIA MILITARY INSTITUTE Disposition of Equipment Form

Department: _____ Date: _____

Description of Equipment: _____

Serial # _____ VMI Tag #: _____

Method of Disposition:

- | | |
|---|--|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Transferred Between Departments |
| <input type="checkbox"/> Stolen (Include Copy of Police Report) | <input type="checkbox"/> Cannibalized |
| <input type="checkbox"/> Traded-In | <input type="checkbox"/> Junked/Scrap |

Condition Of Equipment: _____

Equipment Coordinator	Date	Department Head	Date
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If transferred between departments, please complete:

Equipment Transferred to _____ Department.

New Location: Building _____ Room _____

I acknowledge receipt of the above item.

Equipment Coordinator of Receiving Department	Date
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DEPARTMENTS DO NOT WRITE BELOW THIS LINE

Reviewed by Surplus Property Officer: _____ Disposal Date: _____

Signature	Date
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Disposition recorded in Colleague:

Signature	Date
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