UNIVERSITY OF CENTRAL ARKANSAS
OFFICE OF INVENTORY CONTROL

RETIREMENT OF SURPLUS EQUIPMENT

Dept: _____ **Date:** _____

Reason for Retirement: _____

Moving Dept. to Move: ☐ **YES** ☐ **NO**

Pickup Location: _____

Description	Tag Number	Serial Number*

_____ _____

Chair or Property Manager Signature **Pick Up Signature/Date**

_____ _____

Inventory Control Signature **Physical Plant Moving Signature**

_____ _____

Department Witness Signature/Date **M&R Warehouse Inventory Control Signature**

Send Completed Form to Inventory Control Office McCastlain Hall 108