Fiscal Services - Budgeting Administration Building - Room 310 Campus Box 211 P.O. Box 173363 Denver, CO 80217 Fax: 303-352-3023 Phone: 303-556-6248



## Asset Management Request for Disposal Form (Attach Inventory Control Stickers To The Back Of This Form)

| ITEM DESCRIPTION | SERIAL NUMBER<br>(if applicable) | ORIGINATING DEPARTMENT |
|------------------|----------------------------------|------------------------|
|                  |                                  | DEPARTMENT NAME:       |
|                  |                                  | PRINT NAME:            |
|                  |                                  | SIGNATURE:             |
|                  |                                  | DATE:                  |
|                  |                                  | DEPARTMENT NAME:       |
|                  |                                  | PRINT NAME:            |
|                  |                                  | SIGNATURE:             |
|                  |                                  | DATE:                  |
|                  |                                  | DEPARTMENT NAME:       |
|                  |                                  | PRINT NAME:            |
|                  |                                  | SIGNATURE:             |
|                  |                                  | DATE:                  |
|                  |                                  | DEPARTMENT NAME:       |
|                  |                                  | PRINT NAME:            |
|                  |                                  | SIGNATURE:             |
|                  |                                  | DATE:                  |
|                  |                                  | DEPARTMENT NAME:       |
|                  |                                  | PRINT NAME:            |
|                  |                                  | SIGNATURE:             |
|                  |                                  | DATE:                  |
|                  |                                  | DEPARTMENT NAME:       |
|                  |                                  | PRINT NAME:            |
|                  |                                  | SIGNATURE:             |
|                  |                                  | DATE:                  |
|                  |                                  | DEPARTMENT NAME:       |
|                  |                                  | PRINT NAME:            |
|                  |                                  | SIGNATURE:             |
|                  |                                  | DATE:                  |
|                  |                                  | DEPARTMENT NAME:       |
|                  |                                  | PRINT NAME:            |
|                  |                                  | SIGNATURE:             |
|                  |                                  | DATE:                  |

## Asset Manager Information:

**Print Name**