



Controlled Property Disposition Form

PLEASE CHECK APPROPRIATE BOX

Transaction: Transfer Disposal

A. Transfer

From: Cost Center Number _____ Name _____

To: Cost Center Number _____ Name _____

Asset No.	Serial No.	Asset Description	Building Location	
			From	To

Initiating Department Head's Signature: _____ Date _____

Receiving Department Head's Signature: _____ Date _____

Audit Number _____ Date _____ (by Property Control)

B. Disposals

From: Cost Center Number _____ Name _____

Asset No.	Serial No.	Asset Description	Building Location	
			From	To

Disposition: (check appropriate box) CC2 Sold CC3 Stolen Missing CC4 Scrapped CC5 Trade-In
 CC7 Other explain _____

Initiating Department Head's Signature: _____ Date _____

Receiving Department Head's Signature: _____ Date _____

Audit Number _____ Date _____ (by Property Control)

Distribution: 1st copy - property control • 2nd copy - receiving Dept. • 3rd Copy - initiating Dept.