



ASSET DISPOSITION FORM

Please complete this form when a capital (fixed) asset is disposed of, lost, stolen or changes departments and forward to Gina Ricciardi, 3201 Arch St., Suite 400 or fax to 215-895-1426. Thank you.

The fixed asset bearing the Drexel University College of Medicine tag number (blue and white sticker) is no longer in our department.

- Tag Number: _____ Location of asset: _____
- Department name: _____
- Department Location if different from above: _____
- The asset was charged to: Fund _____ Org _____

If you do not have a Drexel University tag number (sticker) on the item, please give a brief description of the manufacturer, model number or serial number:

Select the manner of disposal described below and provide the information requested;

1. **Transfer:** The asset was transferred to the department of _____ effective as of _____
The person to contact at that department is _____

2. **Trade-In:** The asset was used as a trade in for the acquisition of a new asset, which is described as follows:
 Description: _____
 Manufacturer: _____
 Model/Serial No: _____
 Location: _____ Building: _____ Room No: _____
 The trade-in allowance was \$ _____

3. **Sale:** The asset was sold to _____ for \$ _____ effective on _____
Please contact General Accounting regarding the payment received for this sale of equipment. If you already deposited the payment please attach a copy of the cash deposit voucher.

4. **Discarded:** The asset had no sale or trade-in value and was junked on _____

5. **Theft:** The asset was noticed missing on _____ Campus Security was notified of the theft on _____

6. **Other:** _____

Capital Asset Custodian/ Cost Center Administrator Name: _____

Date: _____

Signature: _____

Telephone Extension: _____

Office Location: _____

For more information about capital assets, please contact Gina Ricciardi at gina.m.ricciardi@drexel.edu or at extension 1429.