UNIVERSITY OF OREGON Business Affairs Office

Start Form

Print Form

UO Property Disposition Request

(Please send completed form to Surplus, Oregon Hall)

Document Number: 0903111538-51322

Type of Request: ☐ E-Waste (plugs in or battery operated) ☐ Furniture ☐ Other

Contact Information

Department _____ **Bldg Name** _____ **Org Code** _____

Last Name _____ **First Name** _____ **Phone** _____

Department Authorization

Name	Signature	Date	Phone

Please indicate date the below listed working property was posted to surplus.uoregon.edu **Date:** _____

Disposal Reason (Required Per OAR 580-040-0305)

Asset Information (Add pages as needed)

Inventory Number	Purchase Year	Acquisition Value	Not Working	Working	Description (Do Not list non-working and working on the same line)
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

Retention period OAR 166-475-030 (18) Equipment and Supplies Records - Property Control: 4 Years
Other Copies Units/Departments: Until Property resold or disposed for declaration & pick-up requests: 2 yrs for all other records.

Office Use

BAO Surplus Coordinator: _____ **Date:** _____

Property Control Process Date: _____