IOWA STATE UNIVERSITY

Excess Property Disposal Form

Send form to: **Email:** surplus@iastate.edu
Phone: 515/294-7300

Date: _____

Releasing Department: _____ Departmental Agent:_____
(Signature)

Contact Person: _____ Contact Person Location: _____

Times UNAVAILABLE for pick up (if any): _____ Phone: _____

Worktag (for fees/reimbursements): _____

User/admin accounts have been reset ◯ Yes ◯ No

ISU #	Item Description	Item Location	INTERNAL USE ONLY DO NOT WRITE		
			Picked Up	To Whse	Review
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Date item(s) picked up: _____ Contact Person: _____
(Signature)

Comments: _____

Departments are responsible for retaining a copy of this paperwork for their own records.

Equipment Acquired with Federal Funds

Special regulations may apply to disposal of equipment acquired with federal funds. Contact Sponsored Programs Accounting for specific sponsor regulations that may apply to your federally funded equipment.

See http://surplus.iastate.edu/excess-property for more information.

Excess Property Disposal Form (Continued) Date _____

Departmental Agent: _____
(Signature)

			INTERNAL USE ONLY DO NOT WRITE		
ISU #	Item Description	Item Location	Picked Up	To Whse	Review
11.					
12.					
13.					
14.					
15.					
16.					
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34.					
35.					
36.					

Date item(s) picked up:_____ Contact Person: _____
(Signature)

Excess Property Disposal Form (Continued) Date _____

Departmental Agent: _____
(Signature)

			INTERNAL USE ONLY DO NOT WRITE		
ISU #	Item Description	Item Location	Picked Up	To Whse	Review
37.					
38.					
39.					
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61.					
62.					

Date item(s) picked up:_____ Contact Person: _____
(Signature)

Excess Property Disposal Form (Continued) Date _____

Departmental Agent: _____
(Signature)

			INTERNAL USE ONLY DO NOT WRITE		
ISU #	Item Description	Item Location	Picked Up	To Whse	Review
63.					
64.					
65.					
66.					
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68.					
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87.					
88.					

Date item(s) picked up:_____ Contact Person: _____
(Signature)

Excess Property disposal Form (Continued) Date _____

Departmental Agent: _____
(Signature)

			INTERNAL USE ONLY DO NOT WRITE		
ISU #	Item Description	Item Location	Picked Up	To Whse	Review
89.					
90.					
91.					
92.					
93.					
94.					
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98.					
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112.					
113.					
114.					

Date item(s) picked up:_____ Contact Person: _____
(Signature)