

**MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
Transfer/Disposal Form**

REPORT OF EQUIPMENT TRANSFER AND/OR DISPOSAL FORM
(INCLUDING EXTERNAL DONATION TO A PUBLIC SCHOOL OR SCHOOL DISTRICT)

To: **Capital Asset Accounting, District Office**

From Campus:

Department:

Date:

Please Eject One:	Location Transfer	Re-tag	Surplus	Replacement	Destroyed-Trashed	Destroyed-Scrapped	Stolen	External Donation*
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Name of Equipment	New Tag Number	Old Tag Number	Serial Number	-----From-----			-----To-----		
				Campus	Bldg. #	Room #	Campus	Bldg. #	Room #

Equipment Released By: (Signature)	Equipment Accepted By: (Signature)
Printed Name: _____ Date: _____	Printed Name: _____ Date: _____

*NOTE: The receiving Public School or School District certifies that this equipment is being used for educational purposes only.
By signing this inventory Transfer/Disposal Form, the educational institution agrees that they will not dispose of, or transfer this equipment for the period of one year.