



REQUEST TO REMOVE UNIVERSITY OF FLORIDA ASSET FROM INVENTORY

DISPOSAL/DONATION/TRANSFER

PHYSICAL LOCATION OF ASSET: _____

NAME OF PERSON RESPONSIBLE FOR ASSET: _____

DESCRIPTION OF ASSET: _____

UF DECAL NUMBER: _____

SERIAL NUMBER: _____

REASON FOR DISPOSAL/DONATION/TRANSFER: _____

AGENCY DONATING TO: _____

DONATING DEPARTMENT: _____

DEPARTMENT TRANSFERRING TO: _____

DEPARTMENT TRANSFERRING FROM: _____

METHOD TO BE USED TO REMOVE ASSET: _____

DEPARTMENT/DIVISION SUPERVISOR SIGNATURE: _____

DATE OF SIGNATURE: _____

DEPARTMENT/DIVISION CHAIR SIGNATURE: _____

DATE OF SIGNATURE: _____

Please contact U _____ k _____ at 904-244-85 _____ or email U _____ k _____ for removal of UF Decal before removing any UF Asset. Thank you.