UNIVERSITY OF NORTHERN IOWA
EQUIPMENT INVENTORY DELETIONS REPORT

Department Name: _____
MEMFIS Account:: _____

Please delete the following items from our equipment inventory in accordance with the deletions code indicated:

UNI# or Serial #	Description	Deletions Code	Remarks/Condition	Contact Person/Dept.

Deletions Codes:

1. Equipment sent to Surplus Pool/Auction.
2. Equipment discarded or used for parts. (Business Operations Office pre-approval is required)
3. Equipment stolen. (Indicate date Public Safety was notified & case # if available)
4. Equipment sold by department. (Enter account/class credited.)
5. Equipment traded on new purchases. (Enter PO# of new equipment)
6. Equipment taken by transferring faculty. (Attach letter of authorization.)
7. Equipment not found during last audit.
8. Equipment transferred to another department. (Enter new dept. Name & contact person.)
9. Other: _____

"I, the undersigned, certify that these computers (listed above) have been to the best of my ability properly cleansed of all university information and that they can be redistributed or disposed of as deemed appropriate."

Name (print)_____ **Date**_____

Signature_____

Send to: Office of Business Operations
256 Gilchrist Hall, Zip 0008
Attn: Vince Heuer, Fixed Asset Accountant

Authorized signature (dept. head or administrator) **REQUIRED**

Date:

Rev 2-15-05