FORM ACT 39 (9/05)
CS # 72890033

STATE OF CONNECTICUT
Board of Governors for Higher Education
UNIVERSITY OF CONNECTICUT

58218

PICKUP ☐
DELIVERY ☐

TRANSFER OR RETIREMENT OF EQUIPMENT OR SUPPLIES

FROM

DEPARTMENT _____
BUILDING _____
DEPT # (5 digit) _____ DATE _____
DEAN, DIR., HEAD _____ (SIGN.)
CONTACT NAME _____
PHONE _____

TO

DEPARTMENT _____
BUILDING _____
DEPT # (5 digit) _____ DATE _____
DEAN, DIR., HEAD _____ (SIGN.)
CONTACT NAME _____ PHONE _____
RECEIVED BY _____ DATE _____

FROM ROOM	TO ROOM	UNIVERSITY TAG NO.	DESCRIPTION (INCLUDE SERIAL #'S)	QTY.	RECOMMENDED DISPOSITION (See Below)

RECOMMENDED
DISPOSITION CODES: (1)TRANSFER (A8)TRADE-SELL (EX)SURPLUS (A5)OTHER-EXPLAIN

REASON FOR DISPOSITION _____

DISPOSAL RECORD (For Central Warehouse use only):
DATE _____ DISPOSITION _____

APPROVED BY _____ ASST. DIR. PURCHASING & WAREHOUSING

INVENTORY CONTROL