Lehigh University Controller’s Office

EQUIPMENT DISPOSAL FORM

**The following information must be provided and submitted to the Controller’s Office after property is declared to be surplus property by the Surplus Property Manager.**

**The department disposing of the property must:**

 -Complete Section I for the equipment being disposed.

*(If the asset is being transferred to an international destination, please provide the Export Control Classification Number(s) (ECCNs) along with the asset # and description)*

 -Contact the Office of Research and Sponsored Programs and receive written approval if the equipment

 was purchased with research funds (Indexes 529000-599999)

 -Contact and receive written approval from your Dean or VP if the equipment was purchased for an

 amount of $10,000 or more or if the item is less than 5 years old.

 -Once the proper information have been provided and the proper approvals have been received, please

 Forward to Jennifer Bruchok, Capital Asset Accounting, 301 S. New St., Suite 451, Bethlehem, PA 18015

**Section I: Equipment Information**

**Asset #       Description** **ECCN**

**Asset #       Description       ECCN**

**Asset #       Description       ECCN**

**Asset #       Description       ECCN**

**Method of Disposal:**

**[ ]  Scrapped by Department**

**[ ]  Sale – Selling Price       Index Funds Deposited To:**

 **Buyer’s**

 **Address**

**[ ]  Trade-In; Refer to P.O. #**

**[ ]  Other**

**Reason for Disposal:**

**Approvals:**

**Department:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Authorized Signature (Dept Head/Chairperson or Designee) Date**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Type or Print Authorized Signature**

 **Section II: Authorization**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Office of Research and Sponsored Programs (for equipment purchased Date**

 **with research funds (529000 – 599999)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Dean or VP’s Signature (for equipment purchased for amount of $10,000 Date**

**or more or less than 5 years old)**