UNIVERSITY OF OREGON Business Affairs Office

Clear Form

Print Form

UO Property Disposition Request

(Please send completed form to Surplus, Oregon Hall)

Document Number: 1205031315-49839

Type of Request: ☐ E-Waste (plugs in or battery operated) ☐ Furniture (only when over $5,000)

Contact Information

Department: _____ **Bldg Name:** _____

Last Name: _____ **First Name:** _____

Contact can be reached in room #: _____ **Campus phone #:** _____

Property is located in room(s) #: _____

Department Authorization

Name	Signature	Date	Phone

Disposal (Required Per OAR 580-040-0305)

Reason: _____

☐ Household Refrigerators

☐ Scientific Appliances

Asset Information (Add pages as needed)

Banner Asset # ONLY	Purchase Year	Acquisition Value	Working	Federal	Gift	Leased	Brief Description
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	

Retention period OAR 166-475-030 (18) Equipment and Supplies Records - Property Control: 4 Years
Other Copies Units/Departments: Until Property resold or disposed for declaration & pick-up requests: 2 yrs for all other records.
Departments must keep a copy of this form for their records.

Office Use

BAO Surplus Coordinator: _____ **Date:** _____

Property Control Process: _____ **Date:** _____