UNIVERSITY OF HAWAI'I

DISPOSAL APPLICATION

(See last page for instructions)

CAMPUS:

DATE: /

(MM/DD/YY)

DISPOSAL APPLICATION NO.

D _____

PROPERTY CUSTODIAN: _____

TELEPHONE NO.:

DEPARTMENT:

To comply with state laws and regulations regarding disposal of government assets, please complete the following:

1. Full description of property:

Asset Number	Decal Number	Description	Purchase Price	Acquired Date (mm-dd-yy)	Disposal Code *	Current Estimated Value

Number of items: _____

Total: \$_____

For **federally-owned property**, provide the following information:

a) Grant and/or contract no.__

b) Written agency approval for property disposal should be attached, if required (Refer to APM A8.535 Disposal or Transfer)

* Disposal Code: The primary reason for disposing of the property. (List one code per item in Section 1.)

Code	Condition	
DA	Damaged beyond economic repair	
wo	Worn and unserviceable	
TR	Trade-in and/or exchange	
OB	Obsolete	
то	Transfer out of University (Attach AGS Form 18 if transferring to another State Agency)	
TH	Theft (Attach Report of Loss or Damage of State Property & Police/Campus Security Report)	
LO	Lost/Missing (Attach Report of Loss or Damage of State Property)	
FR	Fire (Attach Report of Loss or Damage of State Property)	
ОТ	Other (Specify here:)

2. Trade-In:

The following offers were received:

Firm	Cost w/o Trade	Offer	Cost w/Trade
	We Hade	<u> </u>	W, Hado
Es	timated current market value of prope	rtv \$	
Request approval to:		, .	
			<u> </u>
Dispose by destruction	Transfer out of Unive	rsity	Dispose by sale
Salvage for parts	Relief of accountabili	ty	
Trade-in	Other	Other	
	Application to Dian		
	Application to Disp	ose	

Signature of Property Custodian	Date					
Signature of Fiscal Officer	F.O. Code	Date				
Approval to dispose:						
Inventory Management	Date					
Disposal Certification						

I certify that the property involved has been disposed of in the approved manner and that said property has not been directed or converted to improper use.

Signature

Print/Type Name

Date

(When disposal certification is completed, return the original to Inventory Management)