

**EXCESS PROPERTY DECLARATION/CAPITAL ASSET DELETION FORM**  
(Capital, Non-Capital and Fixed Assets or Supplies and Materials)

1. Capital Asset?  Yes  No Non-Capital equipment?  Yes  No If Yes, Capital Asset or Non-Cap Equip. Tag Number \_\_\_\_\_  
Capital Asset Department Code: \_\_\_\_\_ School/Department \_\_\_\_\_

2. Hazardous or radioactive waste?  Yes  No: If yes, (Item must be cleared by EHS and tagged before removal)  
All UMB Software Programs have been removed and all Data/Information that violates the Health Insurance Portability & Accountable Act (HIPAA) of 1996 has been deleted?  Yes  No: If no, (Item cannot be removed until deleted). Purchased with external (sponsored) funds?  Yes  No:  
If yes, (Item must be cleared by ORD Sponsored Program Administration)

**3. Description of Property:**

a. Manufacturer \_\_\_\_\_ b. Model No. \_\_\_\_\_ c. Serial Number \_\_\_\_\_ d. Year purchased \_\_\_\_\_  
e. Original cost \$ \_\_\_\_\_ f. Original fund source \_\_\_\_\_ g. Estimated value \$ \_\_\_\_\_ Asking price \$ \_\_\_\_\_

4. Condition:  Suitable for use, as is.  Suitable for use with minor repairs.  Scrap for disposal (cleared by EH& S and FS, if required).

5. Present location of property (building, room #, etc.) \_\_\_\_\_

6. If sold, credit funds received to: PROJ: \_\_\_\_\_ PCBU: \_\_\_\_\_ FUND: \_\_\_\_\_ PROG: \_\_\_\_\_ DEPT: \_\_\_\_\_ ACCT: \_\_\_\_\_

7. Institutions, organizations or individuals (non- state employees) that might be interested in item: \_\_\_\_\_

8. Arrange for commercial storage of property:  Yes  No (NOTE: custodial department will be required to pay for storage costs).

9. Assistance by General Services desired for disposal of surplus?  Yes  No

10. Check the appropriate box below that indicates the reason for disposal.

<u>DESCRIPTION</u>	<u>DOCUMENTATAION REQUIRED</u>
<input type="checkbox"/> TRADE IN	Copy of approved requisition/PO indicating trade-in.
<input type="checkbox"/> INVENTORY WRITE-OFF	Missing on Inventory – Letter stating it was not found during subsequent investigation by the Chairman.
<input type="checkbox"/> DISCARDED AS UNSERVICEABLE	Documentation that the asset is unserviceable. If no documentation is available, please provide explanation:
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<input type="checkbox"/> STOLEN	Must attach a copy of police report filed on asset.
<input type="checkbox"/> TAKEN WITH RESEARCHER	Written permission of Department Chairman, Dean, & ORD Sponsored Program Administration
<input type="checkbox"/> DONATED TO NON-PROFIT CHARITABLE ORGANIZATION	Donations to Non-Profit Org. must have prior approval from the UMB Surplus Property Officer.
<input type="checkbox"/> SOLD	Pending documentation from Surplus Property Officer.
<input type="checkbox"/> OTHER	Attach appropriate information.

11. Individual Completing Form \_\_\_\_\_ Ext. No. \_\_\_\_\_ Date \_\_\_\_\_  
Print Name

Approval \_\_\_\_\_  
Department Head /Administrator Date

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**DO NOT WRITE IN SECTION BELOW**

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Received by \_\_\_\_\_  
**Capital Equipment Inventory Office**                      **Date**

**Surplus Property Control Number:** \_\_\_\_\_

**Disposal Authorization:** The excess property above has been declared surplus and approval for disposal as follows:

- Disposal as scrap is authorized and General Services will coordinate movement of property with department.
- Used as Trade- in for new purchase.  Sold Public Auction or Bid Solicitation by Surplus Property Office.
- Documentation/Copy of check for Property Sold has been forwarded to General Accounting Office.
- Property Donated to Non-Profit Charitable Organizations or Local Subdivisions.

Approved by \_\_\_\_\_  
**Surplus Property Office**                      **Date**

**SEND THIS FORM WITH APPROPRIATE DOCUMENTATION TO: CAPITAL EQUIPMENT INVENTORY, RM. 02-125  
THE SARATOGA BUILDING, BALTIMORE, MD 21201**