## Dartmouth College Procurement Services

7 Lebanon Street Suite 313 Hanover, NH 03755 Phone 603-646-2149

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## **Dartmouth College Materials Management Disposal Request Form**

This form must be completed whenever Dartmouth College equipment, property, or assets (excluding vehicles and motorized/powered/licensed equipment) will be picked up for recycling or disposal. All equipment/assets are to be processed through the Office of Procurement Services. Two signatures are required for this process: Staff/PI and Department Admin/Head of the Department. Once the form is completed, please send the form to Materials Management (adartmouth.edu).

| <b>CONTACT INFOR</b> | MATION  |
|----------------------|---|
| PI/Employee Name     | e: Dartmouth School/Division:   |
| Phone #:             | Hinman Mailbox #:   |
| Reason for disposa   | (e.g., faculty move, item no longer needed, etc.)   |
| Account for remov    | al charges (include chart string):  |
| <b>EQUIPMENT INF</b> | <u>ORMATION</u>   |
|                      | oment (or attach Exhibit A – Equipment Asset Spreadsheet with relevant information pe<br>clow, if multiple pieces): |
| Make:                | Model:  |
| Serial #:            | Dartmouth Asset Tag #: CMS #:   |
| Description:         | Asset #:  |
| Dartmouth PI/Staff   | : Purchase Price and Year Purchased:  |
| Current Location: _  | Current market value:   |
| Additional Items: _  |   |
|                      | YES (if yes, provide the sponsor name and grant #:  |
|                      | NO (if no, describe the source of funds:  |
| Notes:               |   |
|                      |   |

| Item   | Make | Model | Description | Asset # | Serial # | Dartmouth ID<br>Tag # | CMS#      | PI/Staff | Purchase<br>Price | Year<br>Purchased | Current Market<br>Value | Current  | Items to be | Grant Funded<br>(Y/N) | Chart string(s) or PTAEO(s) | Dartmouth IP<br>(Y/N) |                | Additional/<br>Ancillary<br>Item(s) | Notes  |
|--------|------|-------|-------------|---------|----------|-----------------------|-----------|----------|-------------------|-------------------|-------------------------|----------|-------------|-----------------------|-----------------------------|-----------------------|----------------|-------------------------------------|--------|
|        | make | model | Description | Asset # | SELIGI # | Tag #                 | CIVIO III | FI/Julii | FIICE             | ruicilaseu        | value                   | LUCATION | located     | (1/14)                | FIAEO(S)                    | (1/19)                | rigints (1/14) | itelli(s)                           | INVIES |
| Item 1 |      |       |             |         |          |                       |           |          |                   |                   |                         |          |             |                       |                             |                       |                |                                     |        |
| Item 2 |      |       |             |         |          |                       |           |          |                   |                   |                         |          |             |                       |                             |                       |                |                                     |        |
| Item 3 |      |       |             |         |          |                       |           |          |                   |                   |                         |          |             |                       |                             |                       |                |                                     |        |

# **REQUIRED APPROVALS**

| #1 Signature of Faculty/Staff Member requesting transfer (first signature required):                     | #2 Signature of Department Chair or Division Supervisor (second signature required): |
|--|--|
| Name:  | Name:  |
| Title:   | Title:   |
| Date   | Date   |
| #3 Signature of Appropriate Fiscal Officer (third signature required if items are not fully deprecated): | #4 Signature of OSP Director (fourth signature required if grant funded)             |
| Name:  | Name:  |
| Title:   | Title:   |
| Date   | Date   |

#### **Reason for Form:**

The Dartmouth College Materials Management Disposal Request Form is designed to serve as documentation for many different types of disposals of item(s), equipment, and assets. This form is reviewed annually by external auditors to substantiate Dartmouth's business conduct in relation to the disposal of Dartmouth assets and equipment. Dartmouth is required to sort, recycle, and dispose of materials in accordance with local, state, federal and international requirements.

### **Instructions and Additional Guidance:**

#### **Contact Information**

<u>PI/Employee Name</u>: Enter the Principal Investigator's name for the research lab who is responsible for the funding of the item(s). If the lab manager completes the form, enter their name next to the PI's name.

<u>Dartmouth School/Division:</u> Enter the name of the Dartmouth School (Geisel, Thayer, Tuck, etc.) or Dartmouth Division/Department.

<u>Phone #:</u> Enter the phone number which provides the best way to contact the responsible party for assistance.

<u>Hinman Mailbox #:</u> Enter the Hinman Mail designation for sending hard copies via intercampus mail.

Reason for desired disposal (e.g., faculty move, item no longer needed, etc.): provide a general reasoning for why the unit(s) are not needed or better served by being transferred.

Chart String: Provide the chart string to be charged for labor and trucking.

### **Equipment Information**

Make: Provide the information from the identification sticker on the equipment.

Model: Provide the information from the identification sticker on the equipment.

Serial Number: Provide the information from the identification sticker on the equipment.

<u>Dartmouth Asset Tag Number</u>: Provide the Dartmouth asset identification numbers (or alphanumeric codes for lease buyouts). If no asset tag number was issued, include BOTH serial number and complete description per item.

<u>CMS Number</u>: Provide the associated contract management system ID number, if applicable. <u>Description</u>: Provide the general description of equipment including ancillary items (e.g., Nikon SMZ1500 fluorescence microscope with spinning disk and objectives).

Asset#: Sequential number generated by the Fixed Asset System that is unique and assigned to each asset.

<u>Dartmouth PI/Staff</u>: Include the PI or staff name that purchased the specified equipment.

<u>Purchase Price and Year:</u> Include the invoice price of equipment (including freight, installation, and/or testing charges) and in service date for equipment.

<u>Current Location:</u> Provide the building name and room number where the item(s) are located for pickup purposes.

<u>Current Market Value:</u> Basic Trade-in value calculators can be used or calculate the current wholesale market value. The Current wholesale market value can be calculated by comparing the unit to those advertised on the web by three different vendors. Combine the retail prices from each vendor, then divide by three, and multiply by 0.50.

Additional Items: List ancillary and associated items to be removed with the main unit.

#### **Grant Funded?**

If YES, provide the sponsor name and grant number: Provide the Chart String(s) or PTAEO(s) used to purchase unit.

If NO, describe the source of fundings: Provide the Chart String(s) used to purchase unit.

Notes: Include any additional information relevant to the equipment/assets referenced on this form, point out added features or information for removal purposes. If Exhibit A – Equipment Asset

Spreadsheet is used for multiple items, please note that here.

If more than one item is to be removed, please include Exhibit A – Equipment Asset Spreadsheet to account for each item. For peripheral items (keyboards, computer mice, cords and other miscellaneous items), please box those items and provide a brief description of box content and account for these boxes on the spreadsheet (example: Box 1, Box 2, etc.).