

Dartmouth College Materials Management Disposal Request Form

This Form must be completed whenever Dartmouth College equipment, property or assets 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@dartmouth.edu

Contact Information

Name: _____	Dartmouth School: _____
Phone #: _____	Hinman Mail Box #: _____
Building Name: _____	Room#: _____
Reason for desired disposal (e.g., faculty move, item no longer needed, etc.): _____	
Account for removal charges (include chart string): _____	
Date: _____	

Equipment Information #1

Description of equipment (or attach a spreadsheet with relevant information for each piece if multiple pieces): _____	
Make: _____	Model: _____
Serial #: _____	Dartmouth Tag Number: _____
Dartmouth PI: _____	Purchase Price and Year Purchased: _____
Current Market Value: _____	
Additional Items: _____	Notes: _____
Grant funded? <input type="checkbox"/> YES (if yes, provide sponsor name and grant #: _____)	
<input type="checkbox"/> NO (if no, describe source of funds: _____)	

Equipment Information #2

Description of equipment (or attach a spreadsheet with relevant information for each piece if multiple pieces): _____	
Make: _____	Model: _____
Serial #: _____	Dartmouth Tag Number: _____
Dartmouth PI: _____	Purchase Price and Year Purchased: _____
Current Market Value: _____	
Additional Items: _____	Notes: _____
Grant funded? <input type="checkbox"/> YES (if yes, provide sponsor name and grant #: _____)	
<input type="checkbox"/> NO (if no, describe source of funds: _____)	

If more than two units, please enclose a Spread Sheet

Make	Model	Serial Number	Dartmouth Tag Number	Building	Rm.	Additional Items	Notes

Name: _____ **Dartmouth School:** _____

Phone #: _____ **Hinman Mail Box #:** _____

Building Name: _____ Room#: _____

Reason for desired disposal (e.g., faculty move, item no longer needed, etc.):

Account for removal charges (include chart string):

Required Approvals

#1 Signature of Faculty/Staff Member requesting transfer (first signature required):	#2 Signature of Department Admin/Department Chair (second signature required):
Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____