

# IOWA STATE UNIVERSITY

## Excess Property Disposal Form

Send form to: **Email:** surplus@iastate.edu

**Phone:** 515/294-7300

Date: \_\_\_\_\_

Releasing Department: \_\_\_\_\_ Departmental Agent: \_\_\_\_\_  
(Signature)

Contact Person: \_\_\_\_\_ Contact Person Location: \_\_\_\_\_

Times UNAVAILABLE for pick up (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

User/admin accounts have been reset Yes No

			INTERNAL USE ONLY DO NOT WRITE		
ISU #	Item Description	Item Location	Picked Up	To Whse	Review
1.					
2.					
3.					
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5.					
6.					
7.					
8.					
9.					
10.					

Date item(s) picked up: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
(Signature)

Comments: \_\_\_\_\_

**Departments are responsible for retaining a copy of this paperwork for their own records.**

### Equipment Acquired with Federal Funds

Special regulations may apply to disposal of equipment acquired with federal funds. Contact Sponsored Programs Accounting for specific sponsor regulations that may apply to your federally funded equipment.

Departmental Agent: \_\_\_\_\_  
 (Signature)

**INTERNAL USE ONLY  
 DO NOT WRITE**

ISU #	Item Description	Item Location	INTERNAL USE ONLY DO NOT WRITE		
			Picked Up	To Whse	Review
11.					
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36.					

Date item(s) picked up: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 (Signature)

Departmental Agent: \_\_\_\_\_  
 (Signature)

**INTERNAL USE ONLY  
 DO NOT WRITE**

ISU #	Item Description	Item Location	INTERNAL USE ONLY DO NOT WRITE		
			Picked Up	To Whse	Review
37.					
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62.					

Date item(s) picked up: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 (Signature)

Departmental Agent: \_\_\_\_\_  
 (Signature)

**INTERNAL USE ONLY  
 DO NOT WRITE**

ISU #	Item Description	Item Location	INTERNAL USE ONLY DO NOT WRITE		
			Picked Up	To Whse	Review
63.					
64.					
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88.					

Date item(s) picked up: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 (Signature)

Departmental Agent: \_\_\_\_\_  
 (Signature)

**INTERNAL USE ONLY  
 DO NOT WRITE**

ISU #	Item Description	Item Location	INTERNAL USE ONLY DO NOT WRITE		
			Picked Up	To Whse	Review
89.					
90.					
91.					
92.					
93.					
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114.					

Date item(s) picked up: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 (Signature)