Your Hospital's Logo Here

ASSET TRANSFER & DISPOSAL AUTHORIZATION

	ITEM	DESCRIPT		
ITEM DESCRIPTION:			ASSE	Τ#:
SERIAL #:	MODEL #:		D.O.C. ID#:	
MANUFACTURER:			DATE OF ACQUISITION:	
PRESENT CONDITION: (Check One)	☐ EXCELLENT	GOOD	☐ FAIR	☐ POOR
REPAIRS REQUIRED: (Check One)	☐ NONE	☐ MINOR	☐ MAJOR	☐ BEYOND REPAIR
DEPARTMENT NAME:	CURRE	ENT LOCAT	I O N	 NT #:
PHYSICAL LOCATION (Room # or Sp	pecific Location):			
(1000) 12 200, (1101) (1100) 11 01 01	come Lecationy.			
	RECOMMEN	NDED DISP	OSITION	
☐ 1. RELOCATE TO				AND TRANSFER
CUSTODIANSHI	P TO DEPARTMENT			<u>.</u>
☐ 2. PLACE IN AVAIL	ABLE STORAGE UNTIL			<u>.</u>
☐ 3 DISPOSE OF IN	THE BEST INTERESTS OF X	YXXXX HOSPITAI (Sele)	rt a Recommended Disp	osal Method Relow)
	☐ Trade-In	☐ Donation	☐ Trash	
JUSTIFICATION:				
DEQUESTED BY	AUT	HORIZATIO	N	
REQUESTED BY:		APPROVED BY:		
DEPT DIRECTO			VICE PRESIDENT	DATE
DISPOSITION ACTION:	IMPL	EMENTATION ACCOUNTING		
DEPT DIRECTO	DR DATE		DEPT DIRECTOR	DATE