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# ASSET TRANSFER & DISPOSAL AUTHORIZATION

ASSET DESCRIPTION:			
ASSET TAG #:	SERIAL #:	MODEL #:	
MAKE / MANUFACTURER:		DATE ACQUIRED:	
OWNED BY - DEPARTMENT:		CONTACT - NAME:	
LOCATION:		FLOOR #:	ROOM #:
CURRENT CONDITION:			
<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			
REPAIRS REQUIRED:			
<input type="checkbox"/> BEYOND REPAIR <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR <input type="checkbox"/> NONE			
CONDITION COMMENTS:			
RECOMMENDED DISPOSITION:			
<input type="checkbox"/> RELOCATE TO _____ ( BUILDING ) _____ ( ROOM # ) AND TRANSFER CUSTODIANSHIP TO: _____ ( DEPARTMENT ) _____ ( ROOM # )			
<input type="checkbox"/> PLACE INTO STORAGE AT _____ ( LOCATION ) UNTIL _____ ( DATE )			
<input type="checkbox"/> DISPOSE OF IN THE BEST INTERESTS ( SALE / TRADE-IN / DONATION / TRASH ) OF xxxxxx HOSPITAL			

<b>REQUESTED BY</b>		<b>APPROVED BY</b>	
DEPARTMENT DIRECTOR:	DATE:	VICE PRESIDENT:	DATE:
<b>DISPOSITION</b>		<b>ACCOUNTING</b>	
DIRECTOR, MATERIEL MGT:	DATE:	VICE PRESIDENT:	DATE: