



FIXED ASSETS DISPOSITION/TRANSFER FORM

To ensure the correct equipment is removed from department/location, the individual items with tag number and serial number must be supplied.

The original copy of this document must be sent to Accounting Department.

Date:	Form completed by:	Phone:
Tag No./Serial No.		
Manufacturer (Model No):		Description:
For Computer Equipment: Have software and data files been erased, with proper documentation filed to comply with applicable software licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No Signed: _____ Print: _____ Date: _____		
Please check one of the following:		
<input type="checkbox"/> Scrap <input type="checkbox"/> Stolen <input type="checkbox"/> Cannibalized for parts		
<input type="checkbox"/> Sold Date: _____ Sold Amount: _____		
<input type="checkbox"/> Trade-in Date: _____ Traded-in for: _____ Amount: _____		
<input type="checkbox"/> Transferred to new different location / company _____ <small>(new department and room number)</small>		
<input type="checkbox"/> Transferred from different location / company _____ <small>(recipient company)</small>		
<input type="checkbox"/> Date of transfer _____		
<input type="checkbox"/> Comments / Reason for transfer _____		
<input type="checkbox"/> Other _____ <small>(please describe)</small>		
REPAIRED BY (Initial & Print):		Date
APPROVED BY (Head of Department):		Date
APPROVED BY CEO:		Date

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