University of Connecticut Health Center

POLICY

INVENTORY CONTROL
PROPERTY DISPOSITION FORM - IC-6

REFERENCE # F	**Mail or PDF the entire package to: FB005 MC 2010**
NAME:	**TITLE:**
BUILDING: FLOOR: ROOM #:	**TELEPHONE: FAX:**
DEPARTMENT:	
MAIL CODE:	**EMAIL:**

RECOMMENDED DISPOSITION: 1. Transfer to another Institution: ☐ 2. Trade In ☐
3. Sell (Bid Process) ☐ 4. Cannibalize ☐ 5. Other:

EXPLANATION OF RECOMMENDED DISPOSITION:

HC ASSET #	DESCRIPTION	LOCATION	PO NUMBER	FUND	GRANT #	COST

REMARKS:

CODING:	FISCAL YR	LEDGER	ACCOUNT	SUBCODE	AMOUNT	SIGNATURE

IMPORTANT NOTICES TO DEPARTMENT HEAD:
1. YOUR SIGNATURE ALSO CONFIRMS THAT ALL EQUIPMENT & ACCESSORIES USED WITH/OR HAVING CONTAINED RADIOACTIVE OR OTHER HAZARDOUS MATERIALS HAVE BEEN INSPECTED & APPROVED FOR SHIPPING AND/OR STORAGE BY ENVIRONMENTAL & RADIATION SAFETY.
2. YOUR SIGNATURE ALSO CONFIRMS THAT ALL ELECTRONIC STORAGE EQUIPMENT & DEVICES HAVE BEEN PROPERLY CLEANED OF INFORMATION ACCORDING TO UCHC HIPAA POLICIES.

AUTHORIZED SIGNATURES (Signatures Must Be In Order Stated)

1. DEPARTMENTAL PROPERTY COORDINATOR	DATE	6. DEAN (Individual Equipment Over $10,000 Only)	DATE
2. PRINCIPAL INVESTIGATOR (Equipment Purchased on Research Grants Only)	DATE	7. HOSPITAL DIRECTOR (Individual Equipment Over $10,000 Only)	DATE
3. DEPARTMENT HEAD	DATE	8. INVENTORY CONTROL	DATE
4. VICE PRESIDENT FOR RESEARCH (Individual Equipment Over $10,000 Only)	DATE	9. UNIVERSITY DIRECTOR OF MATERIALS MANAGEMENT (All Asset Transactions)	DATE
5. GRANTS ADMINISTRATION (Equipment Purchased on Research Grants Only)	DATE	10. DIRECTOR OF PURCHASING (Trade-In/Leases/Bid Only)	DATE

RECEIVED BY:	**REQUEST IS:**	**VALUE ANALYSIS** (Trade-Ins, Sales, Other Cost Savings Only)	
INITIALS: _____ DATE: _____	APPROVED: ☐ DENIED: ☐	VALUE ANALYSIS FACILITATOR	DATE

MAKE A COPY FOR YOUR FILE

IF YOU NEED ASSISTANCE COMPLETING THIS FORM, CALL 679-1952