

ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIVERSITY

1300 MORRIS PARK AVENUE, BRONX NY 10461

REQUEST FOR STORAGE OR DISPOSAL OF EQUIPMENT

*Equipment can only be stored, scrapped or disposed after completion of this form.
Use Equipment Transfer Form (FORM EI 1) for equipment to be permanently transferred to other institutions or for temporary off-site use.*

PREPARER: Complete Parts A, B & C and send to Property Manager (Belfer 1108).

PROPERTY MANAGER: Review and log, obtain Appraisal (Part D), sign Part E, oversee disposition.

APPROVERS: Sign Part E.

NAME:

PRINCIPAL INVESTIGATOR _____

DEPARTMENT _____

LOCATION OF EQUIPMENT:

BUILDING _____

ROOM _____

INVENTORY (TAG) # _____

PART A - DESCRIPTION OF EQUIPMENT

To Be Completed By Preparer

YEAR PURCHASED

ESTIMATED SALVAGE VALUE (WORTH)

EQ. NAME _____

MODEL: _____

SERIAL # _____

DESCRIPTION: _____

See attached for more detailed description (if necessary)

Anticipated date of disposal _____

PART B - REASON FOR DISPOSAL

Preparer: Check box 1 or 2 and state reason(s).

1.

STORE - Equipment still useable and in working order. Make available for AECOM Community.

Replaced by a newer unit.

No longer necessary for ongoing research in department.

Other (explain) _____

2.

DISPOSE - Not in useable or repairable condition.

Not in working condition and too costly to repair.

Not repairable.

Other (explain) _____

PART C - DEPARTMENTAL SIGNATURE AUTHORIZATIONS

PRINCIPAL INVESTIGATOR

DEPARTMENTAL CHAIRMAN

PART D - APPRAISAL OF EQUIPMENT

To Be Completed By Business Affairs

ESTIMATED
VALUE

PRINT NAME AND TITLE

SIGNATURE

\$ _____

PART E - APPROVAL

Sign and date where indicated. Last approver return to Property Manager

1.

PROPERTY MANAGER DATE

2.

ASSOC. DEAN FOR SCIENTIFIC AFFAIRS DATE

3.

ASSOC. DEAN FOR BUSINESS AFFAIRS DATE