

UNIVERSITY OF CALIFORNIA, SAN DIEGO
DISPOSAL REQUEST

CONTROL NO. _____
(Leave Blank)

EIMR NO. _____
(Leave Blank)

DATE _____

TO: Inventory Division - Q-026

FROM: _____ Person to contact _____ Ex _____
(Department)

Pick up _____ UCID NO. _____ Bldg _____ Room _____
(Description of Item)

Purchase Price _____ Selling Price _____ Willing to accept best offer: Yes _____ No _____

Condition: _____ Scrap _____ Income account to be credited _____

Signature _____

Material will be held for 90 days for possible transfer on sale to other users. After that time it will be disposed of by the Materiel Manager at his discretion.

Items carrying a UC Inventory Number must be reported on an Equipment Inventory Modification Request (ICF-2) to accompany this form.