



Cleveland State University

Asset Disposal Form

Department _____

Requester _____

Tag Number	Asset	Condition/Reason for Disposal	Sum Total Cost

Department Representative (print name) _____

Signature _____

Date _____

Property Control Representative (print name) _____

Signature _____

Date _____

Approvers Signature *(print name) _____

Signature _____

Date _____

*Asset Value over \$20,000 requires VP of Finance Signature

Asset Value below \$20,000 requires Department Chair Signature