



DIVISION OF ACCOUNTS ASSET MANAGEMENT RETIREMENT REQUEST FORM

PROPERTY OFFICER NAME			DEPARTMENT NAME			DATE	FORM PREPARED BY			FISCAL OFFICER	
RETIREMENT METHOD (Check one)			COMPLETE ADDRESS, (AREA CODE) PHONE NUMBER OF PROPERTY OFFICER								
Missing/Lost			-Complete the fields below and attach additional form if needed. -One form must be completed for each retirement method.								
Theft											
Scrapped											
Casualty											
Donation to External Group											
BU	ASSET ID	TAG NUMBER	DESCRIPTION				MANUFACTURER	MODEL	SERIAL ID	TAG VALUE	

The above information is true and correct to the best of my knowledge.
All required supporting documentation has been attached to each of the listed respective asset records through FileNet.

SIGNED _____ PROPERTY OFFICER	DATE _____
SIGNED _____ FISCAL OFFICER	DATE _____