University of Pittsburgh
Financial Records Services • ASSET RETIREMENT

Building __________________________ Room _______________ Asset Number ______________________

Asset Description __________________________________________ Serial Number ______________________

P. O. Number ______________________________ Department Number _______________________

Does this asset contain, or was the asset used with or near a hazardous substance? Y N

If yes, please identify substance __________________________________________ and attach copy of Material Safety Data Sheet.

Are accessories to this asset also being retired? Y N

Prepared By: ______________________________ Date: ________________ Phone: ________________

Print Name of Signature: __________________________________________ E-mail: ________________

► For PI Transfer Only ◄

Address of Institution where Asset is being Transferred: ____________________________

► For Sold, Scrapped, or Donated Assets Only ◄

ATTACH A COPY OF CASH REPORT, IF SOLD Sale Proceeds ____________________________

Name of Party Acquiring Asset __________________________________________________________________

► For Traded Assets Only ◄

Trade Value: ____________________________ This form must be attached to new Purchase Requisition

P.O. # of Asset Purchased with Trade: ____________________________

Requisitioner: __________________________________________

► For Losses or Theft Only ◄

Name of Investigating Officer: __________________________________________________________________

Insured? Y N A COPY OF THE POLICE REPORT MUST BE ATTACHED

► FINANCIAL RECORDS SERVICES USE ONLY ◄

Disposition Method: [ ] SCR (Scrapped) [ ] SLD (Sold) [ ] LST (Lost) [ ] DST (Destroyed) [ ] TRD (Trade-in) [ ] STL (Stolen) [ ] DON (Donated) [ ] OTH (Other) [ ] FD (Fully Depreciated) [ ] PITRAN (PI Transfer)

Acquisition Date _____ / _____ / ______ Asset Life (in months) __________

Acquisition Cost ____________________________ Disposition Date: _____ / _____ / ______

Accumulated Depreciation ____________________________ P.O. Number: __________________________

Net Book Value ____________________________ Gain/Loss: __________________________

Research Accounting Authorization (if applicable) ____________________________ Date: ________________

Prepared By: ______________________________ Date: ________________ Processed By: ______________________________ Date: ________________