Equipment Disposal Form

Use this form to request the disposal of equipment that is no longer useful or damaged. Once all applicable fields have been completed, email the form to [NSBFixedAssetsSurplus@dhhs.nc.gov](mailto:NSBFixedAssetsSurplus@dhhs.nc.gov). Please complete this fillable document electronically. For additional information see WIC Manual Chapter 12 Section 5. \* Required field for initial form submission

Upon approval, NC DOA State Surplus Property Agency will issue surplus labels or approval (Landfill Disposal). The labels will be mailed to the Agency via Courier or USPS. Landfill Disposal approval will be provided to the requestor via email. Once the equipment is disposed of as approved, the approved request must be signed to certify disposal and emailed to [NSBFixedAssetsSurplus@dhhs.nc.gov](mailto:NSBFixedAssetsSurplus@dhhs.nc.gov) to provide verification of the completed disposal.

Equipment Disposal (Check the appropriate boxes)\*

Check if Equipment is IT Equipment (e.g., computer, copier, printer, multifunction device, etc.)

Surplus (Must be taken to State Surplus Warehouse)

Agency Negotiated Sale\*\*

Landfill Disposal/Trash\*\*

On-site Surplus (Public Sale)\*\*

\*\*For Onsite Surplus or Landfill Disposal requests, the NC DOA State Surplus Property Agency requires an actual image of each item. The images MUST be of the physical item and attached to the email as individual .JPEG files. Each .JPEG file must be titled with the item # and serial number (if applicable).

Equipment Detail (use additional page if necessary)\*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item # | Fixed Asset # (if applicable)\* | Serial #  (if applicable)\* | Description (Include Model #)\* | Photo Included | Acquisition Date\* | Acquisition Cost\* |
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Requestor Information\*

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| Agency: |  | | | | | | Date: |  |
| Requested By: |  | Phone: |  | | Email: |  | | |
| Agency Approver: |  | | |  | | | |  |
|  | Print Name | | | Signature | | | | Date |

Approvals (Nutrition Services Branch Use ONLY)

|  |  |  |  |  |  |  |  |  |  |  |  |
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| NSB Approver: | | |  | | | | | | | | |
|  | | | Print Name | | | | Signature | | | Date | |
| Received: |  | | | Submitted to DOA: |  | DOA Approval: | |  | Labels Received: | |  |
| Document #: | |  | | | | | | | | | |

Verification of Disposal as Approved

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| Disposed By: |  | | |
|  | Print Name | Signature | Date |

Once the equipment has been disposed of sign here and return the form to [NSBFixedAssetsSurplus@dhhs.nc.gov](mailto:NSBFixedAssetsSurplus@dhhs.nc.gov) via email. By signing you certify that you witnessed the proper disposal of the equipment listed as approved.

Equipment Detail Additional Page

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| Item # | Fixed Asset # (if applicable) | Serial #  (if applicable) | Description (Include Model #)\* | Photo Included | Acquisition Date\* | Acquisition Cost\* |
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