

REQUEST FOR RELIEF FROM PROPERTY ACCOUNTABILITY

Attach any and all required certificates or documentation before submitting to Asset Management. If this request involves any disposal of assets, then upon receipt of the required certificate of disposal write the RFPA number from this form on the certificate and send it to Asset Management.

PART 1: To be completed by Department prior to initial submission to Asset Management

Requestor		Type of Request (Check One Only)			
Name		<input type="checkbox"/> Donation (Attach required non-profit proof and acceptance letter)			
Phone		<input type="checkbox"/> Trade-In (Attach PO or Requisition with <u>required</u> trade-in information)			
Mail		<input type="checkbox"/> eBid			
Email		<input type="checkbox"/> Cannibalization			
Dept Name		<input type="checkbox"/> Salvage/Surplus			
Trade-In or Req ID number		<input type="checkbox"/> Vehicle Bid (One per Form)			
eBid Number		<input type="checkbox"/> Other (Attach document(s) with detailed explanation)			
<small>Attach a copy of the PO or Requisition with <u>required</u> description of the Trade-In asset involved.</small>					
Vehicle Information (One Vehicle per Form)		Reason for Request (Check One Only)			
Vehicle License Plate #		<input type="checkbox"/> Damaged	<input type="checkbox"/> Obsolete		
Odometer Reading		<input type="checkbox"/> Excess	<input type="checkbox"/> None		
Vehicle VIN #		<input type="checkbox"/> Unlocated/Stolen			
Year/Make		<small>For Unlocated/Stolen attach Supplemental Questionnaire</small>			
Use one chart field combination per form					
Operating Unit	Fund	Dept ID	Product	Initiative	Project
USF Tag Number	Short Description	Serial ID	Location	Condition (Good, Fair, Poor)	Est. Value

RFPA#:

As **Accountable Officer**, I certify that this is a true and complete request.

		X	
Printed Name	Printed Title	Signature	Date

If the Accountable Officer is also the Requester, this request must also be approved by the Accountable Officer's supervisor.
 As **Accountable Officer Supervisor**, I certify that this is a true and complete request.

		X	
Printed Name	Printed Title	Signature	Date

If this property was grant-funded, this request must be approved by the **Division of Sponsored Research**. If **federally** grant-funded assets are Unlocated/Stolen, the requestor's department must also report the loss to the federal grantor in compliance with all federal guidelines.

		X	
Printed Name	Printed Title	Signature	Date

PART 2: To be completed by Property Review Board after submission to Asset Management

		X	
Printed Name	Printed Title	Signature	Date

PART 3: To be completed by Department upon disposal of asset after approval is granted in Part 2 above.

As a **USF employee** designated by my department, I witnessed the removal of the assets listed on this form and attached the vendor's Certificate of Disposal.

Printed Name	Printed Title	Signature	Date

RETURN COMPLETED FORM TO ASSET MANAGEMENT AFTER WITNESS CERTIFIES DISPOSAL OF ASSET.