### UNIVERSITY OF COLORADO DENVER

**FURNITURE DISPOSAL REQUEST**

Date: _____________________  
Requesting Department: ________________________________

Requested by: ___________________________  
(Please Print)  
Signature (Only for those not having access to e-mail)

Requestors Bldg/Room No. ___________________________  
Tele. No. ___________________________  
Campus Box No. ________________

Chair/Director Approval (Required) ___________________________  
(Please Print)  
Signature (Only for those not having access to e-mail)

**THIS DEPARTMENT HAS DETERMINED THE FOLLOWING FURNITURE IS NO LONGER NEEDED. PLEASE TAKE THE NECESSARY ACTION FOR ITS DISPOSAL.**

**PLEASE LIST EACH ITEM/COMPONENT SEPARATELY.**

**ONLY REQUIRED FOR CAPITAL EQUIPMENT/FURNITURE**

<table>
<thead>
<tr>
<th>Bldg / Room #</th>
<th>UCD ID. No.</th>
<th>Acquisition Date</th>
<th>FOPPS Fund</th>
<th>Org</th>
<th>Program/Project</th>
<th>Acquisition Cost</th>
<th>Description</th>
<th>Serial Number</th>
<th>Condition Code</th>
<th>Health &amp; Safety Usage Code</th>
<th>HSD Approval</th>
<th>Disposal Code</th>
<th>Disposal Number</th>
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**NOTE:** Items that have been exposed to infectious materials, radioactive isotopes, hazardous chemicals, or contain refrigerant or oil must be inspected and properly Green Tagged by the Health and Safety Division. Please use the Health and Safety Codes listed below to assist with this process.

**FURNITURE DISPOSAL CERTIFICATION KEY:**

A. Item is in good and useable condition; minor cleaning may be required; parts and/or service are available.
B. Useable after some minor repair, or partially useable with no repair; parts and/or service may not be available.
C. Poor condition; requires major repair; there is questionable value in repairing the item.
D. Very poor condition; it is believed the item should be scrapped.

**SUBMIT TO:** SAM.disposal@UCDenver.edu  
SPACE AND ASSET MANAGEMENT, CAMPUS BOX A005/129 (Only for those not having access to e-mail)

fp1-02f  
Revised 4/19/04