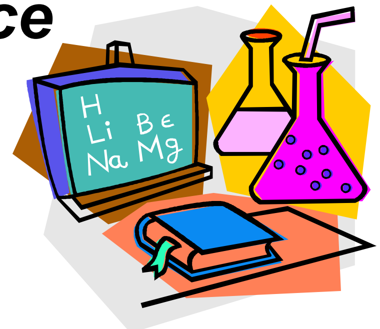
Center for Neuroscience

Equipment Disposal Form



Lab Name: ______________________

Requestor: ______________________

Date of Request: ______________________

Equipment Manager Section

Recharge Number

Aggie Surplus

Workorder #

Item Description	Make	Model	UCOP #	Serial Number	Condition	Location (bldg/rm)