TO: UWEX Purchasing Department  
432 N. Lake St., RM 104  
Madison, WI  53706-1498

FROM: ______________________________________  
(Division, Department)

DATE: ______________________________________

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>DESCRIPTION, MANUFACTURER, MODEL, AND SERIAL NUMBER</th>
<th>LOCATION</th>
<th>CONDITION</th>
<th>CAPITAL INVENTORY DECAL NUMBER</th>
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COMMENTS:____________________________________________________________________________

Please check a category below for the reason for removing equipment listed above from capital inventory. A separate report must be submitted for each item.

○ Transfer  
Equipment will be transferred to another University of Wisconsin department or to a State Agency.  
Dept/Agency Name ___________________  Funding ___________________  
Responsible employee_________________  Location ___________________

○ Stolen  
The property was stolen. The property was reported stolen to the appropriate local law enforcement agency and to UWEX Risk Management. Report that the equipment be removed from further accountability.

○ Unexplained or Mysterious Disappearance  
A thorough search was made throughout the department and staff was questioned without success in finding the equipment. Request that the equipment be removed from further accountability.

○ Other  
Explain in the comments section what happened to the equipment (e.g., traded-in, cannibalized for parts, etc.)

Signature and printed name of Department Chair ______________________________________