



Asset Management Office

DE LA SALLE UNIVERSITY
REQUEST FOR DISPOSITION OF EQUIPMENT

AMO FORM NO. 014060-001
SEPT 2005

RDE NO:
DATE:

Department:
Item Description
Quantity
Options:
Remarks:

Requested by:
Approved by
Note by:
Recording
Signature over printed name / Date

*This form must be prepared in duplicate - (i) AMO (ii) End User

Gate Pass No.
This is not a gate pass
A GATE PASS IS REQUIRED FOR ITEMS TO BE TAKEN OUT OF CAMPUS



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