

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:	
Dispose			
For safekeeping Transfer to ○ broken	o outdated		
Requested by:	Approved by Dean/Department Head	Note by: AVC for Facilities Management	Recording Asset Management Office
By signing this form, I declare that – (1) The information provided above is correct (2) I am a permanent employee of DLSU			
Signature over printed name / Date *This form must be prepared in duplicate - (i) AMO (iii	Signature over printed name / Date	Signature over printed name / Date	Signature over printed name / Date
Gate Pass No This is not a gate pass A GATE PASS IS REQUIRED FOR ITEMS TO	D BE TAKEN OUT OF CAMPUS		
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