

# Office Furniture Disposal Authorization

## Department Information

Department Name: \_\_\_\_\_

Requested By: \_\_\_\_\_

Date: \_\_\_\_\_

## Furniture Details

Item Description	Asset Tag/ID	Quantity	Condition	Reason for Disposal

## Disposal Method

Method: \_\_\_\_\_

Details/Notes: \_\_\_\_\_

Requested By (Signature & Date)

\_\_\_\_\_  
Authorized By (Signature & Date)

\_\_\_\_\_