



## CAPITAL OUTLAY DISPOSITION AND DONATION REQUEST MEMO

### INSTRUCTIONS:

1. Forms are available at [GCCCD.EDU/FORMS-DEPOT/DISTRICT](http://GCCCD.EDU/FORMS-DEPOT/DISTRICT)
2. Form is completed by person to whom the equipment is assigned or employee responsible for the equipment.
3. Department manager approves form and routes to the V.P Administrative Services.
4. V.P Administrative Services reviews the form and, if the items are not needed by other departments on campus, forwards the form to the District Warehouse. In the case of District equipment, department manager approval is obtained.
5. Surplus that can be re-purposed will be posted on the District Website under Surplus Property.
6. Donation Rules
  - a. Per CA Ed Code 81450.5 a Community College District may donate any personal property belonging to the District when the property is not required for school purposes.
  - b. Fair market value per asset under \$5,000 may be donated without advertising.
7. The District Warehouse will arrange with the originator to pick up the surplus items and store safely until an auction is scheduled or donation is arranged.

**NATURE OF REQUEST** (Complete appropriate section)

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**SECTION A: CAPITAL PROPERTY RETIREMENT/ SURPLUS**

\_\_\_\_\_ No longer needed by section      \_\_\_\_\_ Non-repairable      \_\_\_\_\_ Trade-In

Date: \_\_\_\_\_ Location (Bldg./Room): \_\_\_\_\_

Department Manager Signature \_\_\_\_\_ V.P Administrative Services \_\_\_\_\_

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**SECTION B: LOSS/THEFT OF CAPITAL PROPERTY** (Any loss/theft must be reported immediately)

DATE of loss/theft \_\_\_\_\_ LOCATION at time of loss/theft \_\_\_\_\_

POLICE REPORT ATTACHED (circle one) **Yes** **No** POLICE REPORT NO. \_\_\_\_\_

Department Manager Signature \_\_\_\_\_ V.P Administrative Services \_\_\_\_\_

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**SECTION C: DONATION TO SCHOOL DISTRICT, COMMUNITY COLLEGE DISTRICT, OR NON-PROFIT** (must attach proof of 501) Receiving agency is prohibited from resale.

Transferring Department \_\_\_\_\_ DATE \_\_\_\_\_

Location/ Site \_\_\_\_\_

Receiving District \_\_\_\_\_ DATE \_\_\_\_\_ Email \_\_\_\_\_

Location/ Site \_\_\_\_\_

Department Manager Signature \_\_\_\_\_ V.P Administrative Services \_\_\_\_\_

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**SECTION D: EQUIPMENT TRANSFER**

From Location (Bldg./Room) \_\_\_\_\_ To Location (Bldg./Room) \_\_\_\_\_

Department Manager Signature \_\_\_\_\_ V.P Administrative Services \_\_\_\_\_

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**PROPERTY IDENTIFICATION**

Asset ID NO	Serial Number	Model No	Description	Condition P= POOR F= FAIR G = GOOD	Fair Market Value (Donation Only)

(You may add more rows as needed to this form)

**Warehouse** Date Received \_\_\_\_\_ Date Logged \_\_\_\_\_