

**PROPERTY AND EQUIPMENT DISPOSITION FORM
FOR BHHF-ADMINISTERED PROPERTY AND EQUIPMENT**

GRANTEE NAME			Address			
ID#	Description of Capital Expenditure	Vendor Name	State Account Number	Date of Acquisition	Date of Disposal	Reason for Disposition
Authorized Signature			Title		Date	
BHHF Approval			Title		Date	

This form should be submitted to the Bureau for Behavioral Health and Health Facilities for permission to dispose of any item listed on the BHHF Cumulative Property and Equipment Schedule.