



Lost Property Disposal Form

PROPERTY DETAILS:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

DISPOSAL APPROVER (Bond University):

First Name: _____ Last Name: _____
Position: _____ Date: _____

RECEIVING ORGANISATION:

Organisation Name: _____
First Name: _____ Last Name: _____
Position: _____
Organisation Address: _____
(if QPS Station name)
Signature: _____ Date: _____