



Office of Information Technology Services DTaaS Device Decommission Form

Requestor Information		
Requesting Supervisor		
<i>Last</i>	<i>First</i>	<i>Phone Number</i>
<i>Date</i>	<i>Agency Name</i>	
User Information		
Users Name		
<i>Last</i>	<i>First</i>	<i>Billing Code</i>
Device Information		
Type of Device:		
Asset #:		
Serial #:		
Order Date: <small>(located on sticker)</small>		
Shipping Information (Individual receiving the return box/label)		
Reason for Decommission		
Signature		
Requesting Authority or Division Director	<i>Please provide signature or type in the name and send from requesting authority's email box.</i>	<i>Date</i>
Send completed and authorized request to: EBITSM@ks.gov		