



UNIVERSITY
OF MANITOBA

Capital Asset Management Asset Disposal Advice Form

FACULTY OR SCHOOL NAME	DEPARTMENT NAME	DATE
------------------------	-----------------	------

ASSET DESCRIPTION (NOTE: THE VICE-PRESIDENT MUST APPROVE IF REVENUES ESTIMATED OVER \$10,000.)			
Serial Number(s)		Asset Tag / Property Number(s)	
Date Acquired	Purchase Order No.	Original Cost	Original FOAPAL or Budget/Grant # Charged:
CURRENT CONDITION OF EQUIPMENT:			
<input type="checkbox"/> EXCELLENT (like new)	<input type="checkbox"/> GOOD (working)	<input type="checkbox"/> POOR (needs repair)	<input type="checkbox"/> NOT WORKING

DISPOSAL METHOD REQUESTED FOR ABOVE.		
NOTE: IF DISPOSING OF LAB EQUIPMENT, PLEASE REFER TO DECOMMISSIONING INSTRUCTIONS ON PAGE 2 OF FORM		
<input type="checkbox"/> OFFER FOR SALE	<input type="checkbox"/> TO BE TRANSFERRED (provide Dept. & Contact Person)	
<input type="checkbox"/> TO BE DISMANTLED FOR PARTS (used within the Dept/University)	<input type="checkbox"/> FOR TRADE-IN (give new PO #) _____	
<input type="checkbox"/> FOR RECYCLING (Computer Equipment only)	<input type="checkbox"/> TO BE GARBAGED THROUGH PHYSICAL PLANT FOAP TO CHARGE (Re: Lab Equip for Bannatyne Campus only)	
<input type="checkbox"/> TO RE-SHOP (Office Furnishings only)	<input type="checkbox"/> ITEM MISSING / STOLEN (if stolen, police file No. required)	
<input type="checkbox"/> TO BE DONATED to another Organization (Attach letter from organization)		
LOCATION OF ASSET:	ROOM:	BUILDING:
<input type="checkbox"/> RESERVE BID \$ _____	<input type="checkbox"/> BEST OFFER	
FOAPAL TO BE CREDITED:		

FOR FURTHER INFORMATION OR TO VIEW EQUIPMENT:		
CONTACT:	PH.	E-MAIL:

AUTHORIZED SIGNATURES:			
GRANTEE / DEPT. REP.	DATE	DEAN / DIRECTOR / ADMIN UNIT HEAD	DATE
DEPARTMENT HEAD	DATE	VICE-PRESIDENT ADMIN (over \$10,000.00)	DATE

FOR CAPITAL ASSET MANAGEMENT USE ONLY			
ADVERTISED VIA: <input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX <input type="checkbox"/> WEBSITE / INTERNET <input type="checkbox"/> OTHER MEDIA: _____			ASSIGNED BID #
COMMENTS:			BID CLOSING DATE:
SPECIFICS OF SALE	DATE SOLD:	TOTAL REVENUE \$ _____	RECEIPT / ID #
	SOLD TO:		
TAXES & OTHER COSTS: 210551 \$ _____		ACCOUNT CREDITED: 103165	NET REVENUE: \$ _____

APPROVED BY	CAPITAL ASSET MGMNT REP	DATE	MGR/REV, CAP & GEN ACCT	DATE
-------------	-------------------------	------	-------------------------	------

☐ CAPITAL ASSET MANAGEMENT ☐ BUDGETS & GRANTS ☐ ORIGINATING DEPARTMENT