



Capital Asset Management
Asset Disposal Advice Form

FACULTY OR SCHOOL NAME Text63	DEPARTMENT NAME Text64	DATE Text65
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ASSET DESCRIPTION (NOTE: THE VICE-PRESIDENT MUST APPROVE IF REVENUES ESTIMATED OVER \$10,000.) Text66			
Text67			
Serial Number(s) Text68		Asset Tag / Property Number(s) Text69	
Date Acquired Text70	Purchase Order No. Text71	Original Cost Text72	Original FOAPAL or Budget/Grant # Charged: Text73
CURRENT CONDITION OF EQUIPMENT: <input checked="" type="checkbox"/> EXCELLENT (like new) <input checked="" type="checkbox"/> GOOD (working) <input checked="" type="checkbox"/> POOR (needs repair) <input checked="" 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 checked="" type="checkbox"/> OFFER FOR SALE		<input checked="" type="checkbox"/> TO BE TRANSFERRED (provide Dept. & Contact Person)	
<input checked="" type="checkbox"/> TO BE DISMANTLED FOR PARTS (used within the Dept/University)		<input checked="" type="checkbox"/> FOR TRADE-IN (give new PO #) Text83	
<input checked="" type="checkbox"/> FOR RECYCLING (Computer Equipment only)		<input checked="" type="checkbox"/> TO BE GARBAGED THROUGH PHYSICAL PLANT FOAP TO CHARGE (Re: Lab Equip for Bannatyne Campus only) Text87	
<input type="checkbox"/> TO RE-SHOP (Office Furnishings only)		<input checked="" type="checkbox"/> ITEM MISSING / STOLEN (if stolen, police file No. required) Text1	
<input type="checkbox"/> TO BE DONATED to another Organization (Attach letter from organization)			
LOCATION OF ASSET:	ROOM: Text89	BUILDING:	Text90
<input checked="" type="checkbox"/> RESERVE BID \$ Text92 Text93 <input checked="" type="checkbox"/> BEST OFFER Text95			
FOAPAL TO BE CREDITED: Text96			

FOR FURTHER INFORMATION OR TO VIEW EQUIPMENT:		
CONTACT: Text97	PH. Text98	E-MAIL: Text99

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
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