

## Capital Asset Management Asset Disposal Advice Form

FACULTY OR SCHOOL NAME		DEPARTMENT NAME			DATE	
ASSET DESCRIPTION (NOTE: THE VICE-P.	RESIDENT MUST API	PROVE IF REVI	ENUES ESTIMATE	D OVER \$5000.)		
Serial Number(s)			Asset Tag / Prop	erty Number(s)		
Date Acquired Purchase Order No.		Original FOAPAL or Budget/Grant # Charged:				
CURRENT CONDITION OF EQUIPMENT:  EXCELLENT (like new)	GOOD (working)	)	POOR (need	s repair)	NOT WORKING	
DISPOSAL METHOD REQUESTED FOR ABOV	/E NOTED UNIT:	ТО ВЕ	TRANSFERRED (pr	ovide Dept. & Contact Per	son)	
FOR TRADE-IN (give new PO #)		TO BE I	OONATED to anothe	er Organization nization)		
TO BE DISMANTLED FOR PARTS (used within the Dept/University)		FOR R	ECYCLING (Compu	ter Equipment only)		
TO BE GARBAGED (Thru Physical Pl	ant)	ITEM M	IISSING / STOLEN	(if stolen, police file No. r	required)	
LOCATION OF ASSET: ROOM:	BUILDI	NG:				
RESERVE BID \$ .	BEST OF	FER				
FOAPAL TO BE CREDITED:						
FOR FURTHER INFORMATION OR TO VIEW ECONTACT:	QUIPMENT: PH.	E	-MAIL:			
AUTHORIZED SIGNATURES: GRANTEE / DEPT. REP.			DEAN / DIRECTOR / ADMIN UNIT HEAD DATE		DATE	
DEPARTMENT HEAD	PARTMENT HEAD DATE		VICE-PRESIDENT ADMIN (over \$5000.00)		DATE	
	FOR CAPITA	L ASSET MAN	AGEMENT ONLY			
ADVERTISED VIA:  E-MAIL FAX WEBSITE / INTE		R MEDIA:		ASSIGNED BID	#	
COMMENTS:				BID CLOSING D	ATE:	
SPECIFICS DATE SOLD: OF	FICS DATE SOLD: TOTAL			RECEIPT / ID#	RECEIPT / ID #	
SALE SOLD TO:						
AXES & OTHER COSTS: 210551 \$ .	ACCOUNT CREDIT		3165	NET REVENUE:		
APPROVED BY CAPITAL ASSET MGMNT REP	DATE		MGR/REV, CAP &	GEN ACCT	DATE	
CAPITAL ASSET MANAGEMENT		BUDGETS &	GR ANTS	ORIGI	NATING DEPARTMENT	