

# DISPOSAL OF FIXED ASSETS FORM

(Please fill in all relevant sections)

Department: \_\_\_\_\_ Asset Tag#: \_\_\_\_\_

Disposal Requested By: \_\_\_\_\_

Location of Asset: \_\_\_\_\_

Item Description: \_\_\_\_\_

Serial or VIN #: \_\_\_\_\_

Is the asset being transferred? If so:

To Department: \_\_\_\_\_

Building: \_\_\_\_\_

Location: \_\_\_\_\_

Receipt of Asset Approved by: \_\_\_\_\_

Reason for Disposition: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

Condition of Item: \_\_\_\_\_

Disposition of Item (Explain if traded, salvaged or sold – include name of company):

Traded       Salvaged       Sold

Name of Company: \_\_\_\_\_

Explain: \_\_\_\_\_

Value if Sold or Traded: \$ \_\_\_\_\_ Salvage Cost: \$ \_\_\_\_\_

Is this item being replaced? If so:

Name of Vendor: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Installation Date: \_\_\_\_\_

Approved by: \_\_\_\_\_  
*Department Head* \_\_\_\_\_ *Date* \_\_\_\_\_

Completed by: \_\_\_\_\_  
*Administration* \_\_\_\_\_ *Date* \_\_\_\_\_