

## **ASSET DISPOSAL FORM**

THIS FORM IS USED TO DOCUMENT THE DISPOSAL OF TRU ASSETS PLEASE SEND ORIGINAL DOCUMENTS TO: purchasing@tru.ca

REQUEST DATE		CONTACT NAME						
DEPARTMENT PHONE NUMBER  LOCATION OF EQUIPMENT: BUILDING AND ROOM #								
ASSET DESCRIPTION	QTY	MAKE/MODEL	SERIAL NUMBER	AGE OF ASSET (Years)	DISPOSAL CODE S- Surplus O- Obsolete D- Damaged SC- Scrap	CONDITION CODE P- Poor F- Fair G-Good E- Excellent	CAPITAL ASSET NUMBER	ESTIMATED VALUE
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**IF DISPOSING OF VEHICLES, F	PLEASE C	ONTACT PURCHASING FOR	FURTHER INFORMATION					
Department Head Name					FOR PROCUREMENT SERVICES USE			
Department Head Signature				Authorized	Signature			
Department Head Signature				Authorized	Signature			