



University of Windsor

SURPLUS MATERIAL DISPOSAL FORM

Department and Program/Project: _____

Date (YYYY-MM-DD): _____ Completed By: _____

PLEASE FILL IN THE FOLLOWING INFORMATION, WITH AS MUCH DETAIL AS POSSIBLE

Type of material/machine/equipment: _____ Qty: _____

Manufacturers Name: _____

Model #: _____ Serial #: _____ U of W TAG#: _____

General Description and use of Equipment: If multiple items are being disposed, please attach a detailed list (Motor Data, Voltage, Cycle, Phase, RPM; accessories, Spare Parts, etc.)

[Empty box for general description and use of equipment]

Was Equipment under warranty of a Service Contract? Yes No If yes, with whom?

General Assessment of Condition: Poor Fair Good Excellent

Any broken or missing parts? _____ Rough estimate of repair cost if worth repairing: _____

Reason for declaration as surplus: _____

Present location of material - Bldg: _____ Room #: _____

How soon must the material be removed? _____ Est. total weight: _____

Estimated market value: _____

THE FOLLOWING INFORMATION SHOULD BE INCLUDED, IF AVAILABLE

Company originally purchased from:

Date of purchase: _____ P.O. # issued: _____

Value at time of purchase: _____ Current depreciated value: _____

Lowest bid acceptable for sale: _____ Account number to be credited: _____

Your typed name below indicates your approval of the form and confirms that all information is accurate.

Disposal authorized by: (Department Head or Grantee) _____

Date: _____

TO BE FILLED IN BY PURCHASING SERVICES

Recommendation: Check one and add any additional information necessary

Inter University Transfer Outright Sale Scrap Other

Explain :

Disposal File #: _____

Signature: _____ **Total price:** _____

Cost relating to disposal: _____ **Sales taxes paid:** _____

Amount recovered from transaction: _____ **Account credited:** _____