

SURPLUS MATERIAL DISPOSAL FORM

Department Cost Centre: _____

Date: _____

Person Issued By: _____

Disposal File #: _____

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

Type of material/machine/equipment: _____

Qty: _____

Manufacturers Name: _____

Model #: _____

Serial #: _____
(If more space is required please attach second sheet)

U of W TAG#: _____

General Description and use of Equipment: (Motor Data, Voltage, Cycle, Phase, RPM; accessories, Spare Parts, etc.)

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: _____

Disposal authorized by: _____

Department Head or Grantee

Date: _____

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 created: _____

Disposal authorized by: _____

Department Head or Grantee

Date: _____

THE FOLLOWING INFORMATION SHOULD BE FILLED IN BY PURCHASING SERVICES

Recommendation: Check one and add any additional information necessary

Inter University Transfer Outright Sale Scrap Other _____

Explain : _____

Signature: _____

Total price: _____

Cost relating to disposal: _____

Sales taxes paid: _____

Amount recovered from transaction: _____

Account credited: _____

Submit Form To: Purchasing. If there are any questions while filling out the form, please contact Gene x-2088 or Marg x-2086.