



**CAPITAL ASSET DISPOSAL / TRANSFER FORM**

**DESCRIPTION:** \_\_\_\_\_

Capital Asset No. \_\_\_\_\_ Model No. \_\_\_\_\_

Serial No: \_\_\_\_\_ Department: \_\_\_\_\_

*Please ensure that the Capital Asset No. is recorded above.*

**REASON FOR DISPOSAL:** \_\_\_\_\_

**APPROVAL FOR DISPOSAL:**

\_\_\_\_\_  
MANAGER Date BURSAR Date

**FINANCIAL SERVICES INFORMATION:**

Original Cost: \$ \_\_\_\_\_

Depreciated Value: \$ \_\_\_\_\_

Method of Disposal:

TRADE-IN  
Vendor Name: \_\_\_\_\_ Trade-in Value: \$ \_\_\_\_\_  
Less

P.O. Number: \_\_\_\_\_

TRANSFER to Dept: \_\_\_\_\_ \$ NIL

SALE by TENDER  
Name/Address: \_\_\_\_\_ Salvage Price: \$ \_\_\_\_\_  
Less

SCRAP \$ NIL

STOLEN \$ NIL

Received by Facilities for storage/sale \_\_\_\_\_ Gain or Loss: \$ \_\_\_\_\_

Taxes Collected: PST: \$ \_\_\_\_\_

GST: \$ \_\_\_\_\_

Capital Assets Updated: \_\_\_\_\_  
Financial Services Date