

**ASSET DISPOSAL FORM**

This form must be completed and all approvals obtained **prior** to asset disposal

**Assets:**

Property: \_\_\_\_\_ LC Tag #: \_\_\_\_\_

Property: \_\_\_\_\_ LC Tag #: \_\_\_\_\_

Property: \_\_\_\_\_ LC Tag #: \_\_\_\_\_

Property: \_\_\_\_\_ LC Tag #: \_\_\_\_\_

Property: \_\_\_\_\_ LC Tag #: \_\_\_\_\_

Property: \_\_\_\_\_ LC Tag #: \_\_\_\_\_

\*If more space is needed attach a detailed list to this form

\*\*If property was purchased through a grant, written authorization must be received from the awarding agency. If the awarding agency does not have a need for the property, the College asset disposal policy may be followed.

**Grant funded?** Y/N If yes, please attach copy of authorization for disposal from awarding agency.

**Aggregate value of property or highest bid (circle one):** \$ \_\_\_\_\_

**Method for determining value:** \_\_\_\_\_

**Requested method of disposal:** \_\_\_\_\_

**Recipient of property** (name or organization): \_\_\_\_\_

**Employee signature:** \_\_\_\_\_

**Supervisor approval:** \_\_\_\_\_

**Submit this form to the Director of Capital Projects and Campus Operations for review.**

\_\_\_\_\_  
 Director, Capital Projects and Campus Operations

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 VP, Administration

\_\_\_\_\_  
 Date

**Operations use only:**

If aggregate value of Property is over \$500, date of Board approval: \_\_\_\_\_

If aggregate value of Property is over \$1,500, date of public auction: \_\_\_\_\_

Waiver form signed by both parties: \_\_\_\_\_

Date of disposal: \_\_\_\_\_

If sale, account number to receipt: \_\_\_\_\_

Copy of receipt to: \_\_\_\_\_

Property removed from inventory: \_\_\_\_\_

Property removed from insurance: \_\_\_\_\_