



## ASSET DISPOSAL FORM

Please forward completed forms to Financial Accounting Team at the address above. Thank you.

<b>Asset Number:</b> _____	
<b>Asset Description:</b> _____	
<b>For Motor Vehicles: Make &amp; Model:</b> _____	
<b>Registration:</b> _____	
<b>Serial Number:</b> _____	
<b>Disposal Method:</b> <i>Please tick box next to Disposal Method used and fill in other information as requested</i>	
<b>Cannibalised:</b>	(Used for Spare Parts)
<b>Donated:</b>	
<b>Dumped:</b>	
<b>Insurance:</b>	
<b>Other:</b>	Details: _____
<b>Sale:</b>	Actual Sale Price: \$ _____
Sold to: _____	(Please attach Tax Invoice / Receipt)
<b>Disposal date:</b> _____	
Any proceeds from the sale of the item were credited to:	
-	-
	- 0 8 5 2

The point of contact for this disposal is: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Department

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Head of Department