



# ASSET DISPOSAL FORM

THIS FORM IS USED TO DOCUMENT THE DISPOSAL OF TRU ASSETS  
PLEASE SEND ORIGINAL DOCUMENTS TO: [purchasing@tru.ca](mailto:purchasing@tru.ca)

REQUEST DATE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

LOCATION OF EQUIPMENT: BUILDING AND ROOM # \_\_\_\_\_

ASSET DESCRIPTION	QTY	MAKE/MODEL	SERIAL NUMBER	AGE OF ASSET (Years)	DISPOSAL CODE	CONDITION CODE	CAPITAL ASSET NUMBER	ESTIMATED VALUE
					S- Surplus O- Obsolete D- Damaged SC- Scrap	P- Poor F- Fair G-Good E- Excellent		

**\*\*IF DISPOSING OF VEHICLES, PLEASE CONTACT PURCHASING FOR FURTHER INFORMATION**

Department Head Name	
Department Head Signature	

FOR PROCUREMENT SERVICES USE	
Authorized Signature	