Dispose of Surplus Capital Items Request

To be submitted to the CFO – 1 asset or group of similar assets per request

Date: **School:**

ASSETS:

Quantity	Description	Location	Estimated Disposal/Sale Value (include quote, of sale value)

REASON:

☐Trade In / Replacement ☐Obsolete ☐Broken / Unrepairable ☐No Longer Required

☐Other (Please Explain)

If approved, I will be responsible for arranging the disposal of the asset(s) and will report to the CFO once the asset(s) are disposed.

I understand that no assets will be disposed of without the prior approval of the CFO.

Requested By: **Signature:**

APPROVED BY CFO:

☐Yes ☐No (Further information is required)

Signature of CFO:

APPROVED ACTION PLAN: (to be completed by CFO)

☐Recycling Program / Facility ☐Landfill ☐Trade-In

☐Public Auction ☐Storage for Future Use ☐Public / Community Buy / Sell Forum

☐Transfer to other school/programs in Division

☐Other (Explain):

Please return this form with all required documentation to the CFO confirming completion of the action plan. (ex. Bill of Sale verification of removal, verification of disposition)