



Asset Disposal Form

University of New Brunswick
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Telephone (506) 453-4626

PLEASE RETURN COMPLETED FORMS TO UNB PROCUREMENT SERVICES

STEP 1. DEPARTMENT APPROVAL OF ASSET SALE/DISPOSAL

Section A: To be Completed by End User Department PRIOR TO DISPOSAL

Asset Name/Description (complete with all components):

| | | | | | | | |
|-------------------------|--|--------|-----------------------------------|---------------------------------------|--------------|-------|--|
| | | | | | | | |
| | | | | | | | |
| Manufacturer: | | Model: | | Serial Number: | | Year: | |
| Originally Received by: | | | | Original Date of Purchase (dd/mm/yy): | | | |
| Department: | | | Signature of VP or Dean/Director: | | Phone/Email: | | |
| | | | | | | | |

STEP 2. DEPARTMENTAL FINANCIAL SERVICES NOTIFICATION OF ASSET SALE/DISPOSAL

Financial Information:

| | | | |
|--|--|----------------|----|
| Disposal/Sale Date (dd/mm/yy): | | Asset Tag No. | \$ |
| Dept. Acct. No. (all 16 digits) to apply Gain/Loss | | Disposal Price | \$ |

Insurance Information:

| | | | | |
|-----------------------|-----|--|----|--------------|
| Was the item insured? | YES | | NO | GL Acc't No. |
|-----------------------|-----|--|----|--------------|

Item Location:

| | | | | | |
|-------|-----------|----------------------|----|------|--|
| Room: | Building: | Campus (Circle One): | | | |
| | | FR | SJ | OTH: | |

FOR FINANCIAL SERVICES USE ONLY

| | | | | | |
|--|----|--------------------------------|--|--|--|
| Was the Asset Capitalized? Circle | | Disposal/Sale Date (dd/mm/yy): | | | |
| YES | NO | Asset Tag No.: | | | |
| Net Value of the Asset in Colleague: | | \$ | Net Gain/Loss being applied to GL Acct: \$ | | |
| Manager, Procurement Services Approval : | | | DATE: | | |

Procurement Services must provide copy to Director of Budget & Risk Management to ensure insurance coverage is discontinued.