



Capital Assets Disposal Form

Date

FM Work Order #

Trade-in Req #

Disposal Form #

Mdoc Number

Mdoc Date:

Amount

Capital Assets Use Only
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

School/Department: _____

Department Contact: _____ Phone _____

Disposal Method: _____

(Send ALL APPROVED COPIES to capital.assets@sait.ca)

Additional Information:

****DO NOT REMOVE ASSET TAGS FROM EQUIPMENT****

SPECIALIZED DISPOSAL (Disposal of equipment beyond the scope of FM)

(Contact FM Operations Coordinator @ 8608 for additional information required for disposal.)

All TERMINATIONS MUST BE DONE PRIOR TO REMOVAL. (i.e. plumbing, mechanical, electrical, etc.)

Does the disposal require:

- Outside Labour or Rental Equipment: (ie. Bauce Construction, Clean-Air, etc.) **Yes** **No** **If yes, contact FM @ 8608**
- Hazardous Materials Disposal: (fridge/freezer Freon, x-ray radioactive material, etc.) **Yes** **No** **If yes, contact FM @ 8608**

Provide an operating FOAPAL code for disposal costs: - - - - -

If asset list is longer than spaces provided, please attach a list in excel format.

Asset Tag Number	Description	Equipment Condition	Locn/Room #	Was asset donated to SAIT?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Approvals

*****E-mail the approved form to : capital.assets@sait.ca**

Dean/Director	_____	_____	_____
	Name (please print/type)	Signature	Date
Division VP	_____	_____	_____
Assets w/ original value \$50K≥ Theft and/or Not Found Assets	Name (please print/type)	Signature	Date
CFO and VP, Corporate Services	_____	_____	_____
Theft or Not Found Assets	Name (please print/type)	Signature	Date