FORM 6.31.33

Fixed Assets Disposal Form

Instructions: Complete Page 1 (Page 2 - list your items) and forward to Finance Section – Fixed Assets Unit to be processed. (Contact information: http://www.usp.ac.fj/index.php?id=9920)

<table>
<thead>
<tr>
<th>Campus</th>
<th>Faculty/School/Section</th>
</tr>
</thead>
</table>

** Items: Complete the list on Page 2 ** [______ Number of pages required to list all the items]

Reason(s) for disposal request (i.e.: stolen, lost, damaged, outlived their useful life etc)

<p>| The Asset(s) listed is/are to be: |
|---|---|---|</p>
<table>
<thead>
<tr>
<th>Tick</th>
<th>Action</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disposed of: Obsolete/ Uneconomical to repair</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scrapped – spare parts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Traded in</td>
<td>PO#</td>
</tr>
<tr>
<td></td>
<td>Donated to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sold as is/where is</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trade in Value</td>
<td>FJD$</td>
</tr>
</tbody>
</table>

Prepared by: Name: ____________________ Position: ____________________ Ext# ______
Signature: ___________________________ Date: _________________________

Endorsed by HOD/HOS: Name: ____________________ Position: ____________________ Ext# ______
Signature: ___________________________ Date: _________________________

Confirmed by Line SMT: Name: ____________________ Position: ____________________ Ext# ______
Signature: ___________________________ Date: _________________________

*Note: None of the above actions is to be undertaken by the Faculty/School/Department until approval is granted and Faculty/School/Department is notified by the Survey Committee.**
### Fixed Assets Disposal Form

**Campus:** ________________________________

<table>
<thead>
<tr>
<th>Item #</th>
<th>Asset Tag Number</th>
<th>Location (Bldg/Room)</th>
<th>Description</th>
<th>PO# or JV#</th>
<th>Qty</th>
<th><em>Finance Use ONLY</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Amt/Cur Receipt#</td>
</tr>
</tbody>
</table>

*NOTE: Listing items, if more than one page is required, all pages must be signed **

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**Prepared by:** Name: ___________________________ Position: _____________ Ext# ______

Signature: ___________________________ Date: _________________

**Endorsed by HOD/HOS:** Name: _______________________ Position: ______________ Ext# ______

Signature: ___________________________ Date: _________________

**Confirmed by Line SMT:** Name: _____________________ Position: _____________ Ext# ______

Signature: ___________________________ Date: _________________

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*NOTE: Listing items, if more than one page is required, all pages must be signed **
**Survey Committee**

The above action(s) is/are: _____ Recommended/ _____ Not Recommended

Other Recommendations

1... 

2... 

3...

[Chairperson ‘s Signature] [Name] [Date]

[Member] [Name] [Date]

[Member] [Name] [Date]

[Member] [Name] [Date]

Finance Use Only

Approval by Executive Director Finance (EDF)

_____ Approved or _____ Not Approved (Include Remarks):

EDF Signature [Name] [Date]

Finance: Action taken:

- Survey Committee Decision: Name of person notified: __________________________
  - Notified: Date: ____________ Time: ________________
- Recommended action taken: Date: _______________ Time: _______________
  *Note: Sale of item - refer to item list for details (i.e.: Receipt#, Amount.)
- Comments

Finance Line Manager Signature [Name] [Date]

Finance Fixed Asset Section: Asset database updated:

By Name: ________________________ Sig: ________________________ Date: ____________________
Appendix 1

Check List for Board of Survey Recommendation on Disposal Action

☐ - 3 Dimensional Photos

☐ - Completed Disposal Form with Approval from Line SMT

☐ - Sign off of Board of Survey Committee Members

☐ - ITS Report for Disposal of Computer Equipment’s *(if any)*

☐ - Technical Report for Disposal of Other Equipment’s *(if any)*

☐ - Clear Recommendation of the Disposal Method to be Actioned