**ASSET DISPOSAL FORM**

INSTRUCTIONS : PLEASE COMPLETE THIS FORM AND FORWARD TO THE RESPECTIVE AUTHORITY AS PER REQUIREMENTS OF THE PROCUREMENT REGULATIONS 2010 AND FINANCE INSTRUCTIONS 2010 FOR FURTHER PROCESSING

**Inspection made by a Board of Survey at** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**of the­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department in** \_\_\_\_\_\_\_\_\_\_**on \_\_\_\_\_\_\_\_\_\_\_** **Name of Officer i/c Inventory/Store**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of last survey of unserviceable items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ledger**  **Folio**  1  2  3  4  5  6 | **Item Description**  **(Model #, Brand, Serial #,)** | **Qty** | **Original**  **cost** | **Reserved**  **value** | **Mode of Disposal**  *(Scrap/ donation/ transfer/ auction)* | **Comments** | **Action Taken**  *(Details)* |

Total

We certify that we have examined the items presented to us for inspection, as scheduled above and are of the opinion that, with the expectations indicated, they have become unserviceable through fair wear and tear. We have considered what further use could be made of these items and have made our recommendations accordingly.

**BOARD OF SURVEY COMMITTEE**

**Name**  **Designation Ministry Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Chairperson \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Member \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Member \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Member \_\_\_\_\_\_\_\_\_\_

Recommendations approved as

Amended and initialled by me. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_20 \_\_\_\_\_\_

Minister of Finance / PS for Finance/ PS of Agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that action has been taken as approved, the ledger balances adjusted, and that the articles ordered to be disposed of have been \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(describe method of disposal above).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson of Board of Survey

|  |
| --- |
| **Admin : Action taken:**   * Recommended action taken: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \*Note: Sale of item - Details (i.e.: Receipt#, Amount.), acknowledgement letter for donated item, transfer forms to be attached  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Accounting Head of Agency [Name] [Date] |
| **Agency Asset Section:**  Register updated:  By Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |