Attachment A



METHOD OF DISPOSAL Check one only						
SALE (INCLUDES TRADE-IN) COMPLETE SECTIONS 1, 2 & 3		DONATION COMPLETE SEC	DONATION COMPLETE SECTIONS 1, 2 & 4		SCRAPPING COMPLETE SECTIONS 1, 2 & 4	
SECTION 1						
DEPARTMENT:			DATE:			
REQUESTED BY:			APPROVED BY: (DEAN OR DIRECTOR)			
SECTION 2						
For multiple items – please attach a list with all the following information						
ITEM:						
Asset#:	SERIAL#:		PRESENT LOCATION (CAMPUS & ROOM #)			
SECTION 3 For multiple items – please attach a list with all the following information						
ESTIMATED OR TRADE-IN VALUE: PRESENT WORKING CONDITION:						
\$ GOOD WORK			ING ORDER N	IEEDS REP	AIR	BEYOND REPAIR
CONTACT PERSON:			PHONE EXT:			
KNOWN INDIVIDUAL(S) OR FIRM(S) WHO ARE INTERESTED IN THIS ITEM. PLEASE INQUIDE FULL ADDRESS.						
SECTION 4						
Reason for Donation or Scrapping						
CECTION 5						
SECTION 5 For Office Use Only						
Manager, Purchasing Serv	ICES	DATE				
		nd completed form a and Safekeeping				lete details.
See the "Financial Reporting and Safekeeping of Capital Assets" policy for complete details.						

Mehavik Cellege of Applied Arts and Technology FINANCE DIVISION

Note: This form is available on MyMohawk under the Employee Tab, Financial Services section