

Asset Disposal Request Form

Institution Details

Institution Name

Department

Contact Person

Contact Email

Contact Phone

Asset Details

Asset Description	Asset Tag/Number	Category	Acquisition Date	Original Value	Reason for Disposal
<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"/>	<input type="text"/>	<input type="text"/>

Disposal Method Proposed

Disposal Method

Additional Comments/Justification

Authorization

Requested By

Date

Approved By

Date of Approval