



**FIXED ASSET TRANSFER / DISPOSAL REQUEST FORM**

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Date: \_\_\_\_\_

Gain / Loss on Disposal

Original Cost: \_\_\_\_\_

Description of asset: \_\_\_\_\_

Accumulated Depreciation: \_\_\_\_\_

\_\_\_\_\_

Net Book Value: \_\_\_\_\_

Years since purchase: \_\_\_\_\_

Claims from insurer: \_\_\_\_\_

Quantity: \_\_\_\_\_

Gain / Loss on disposal: \_\_\_\_\_

Justification for disposal:

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

*(Please attach further information for consideration, if necessary\_*

REQUESTED BY

APPROVED BY

\_\_\_\_\_

\_\_\_\_\_

CFTO

APPROVED BY

\_\_\_\_\_

CEO

*(Disposal > \$5,000)*