

## **Obsolete/Surplus Goods**

Purchasing Department 301 Frank Beinder Way, Castlegar, BC V1N 4L3 Phone: (250) 365-1209

Fax: (250) 365-6568

Date:		_ Department:			
Location of Equipment:		Campus:	Building:		
Room:	Surpl	us:	Obsolete:		
Suggest	ed interested parties (if any)	:			
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Qty	Description	Make/ model Serial #	Age (approx)	Details of condition	Current est. Value (if any)
	·	·			, , ,
Department Head					
(print and sign)					
For Purchasing Use Only ( Do not write in this area)					
Authoriz	ation to dispose of:		Signature:		
Notice sent out for disposal:			Date:		
Sold:					
Scrapped:					
Cost associated with disposal:					
Revenue associated disposal:					