University of Southern Queensland

USQ ASSET/PORTABLE & ATTRACTIVE ITEM (PAI) DISPOSAL REQUEST

FINANCIAL SERVICES

Step 1: Seek prior disposal advice (re correct method) from ***Central Procurement Office – Peter Ott x2789***
Step 2: Complete all details below& obtain written approval(s) below
Step 3: Attach a copy of supporting correspondence/documentation
Step 4: Return form & attachments to ***Pam Harris, Asset/PAI Management - Financial Services – J Block***.

ITEM CATEGORY:

❒Portable & Attractive Item *(Value < $5,000*)*

❒Asset *(Value > $5,000*)* ❒Car ❒Computer Equipment ❒Plant & Equipment

❒ Not Sure

**Original Purchase Price*

DATE TO BE DISPOSED:	ASSET/PAI TAG NUMBER: *e.g. 011-9999 or AA11-99999*
ORIGINAL PURCHASE PRICE *(estimate)* $	DATE PURCHASED (approx):
ROOM NUMBER/LOCATION:	SERIAL NO.:

DESCRIPTION OF ITEM:

DISPOSAL REASON:

❒SOLD ❒TRADED-IN ❒STOLEN/LOST ❒REDUNDANT ❒DAMAGED/BROKEN

❒OTHER: . . . . . .

DISPOSAL METHOD *(as per prior advice from Central Procurement)*

❒ **AUCTION** ❒**TRADE-IN** *(attach details)*

❒**USQ E-WASTE** ❒**DUMP via** _____

❒**OTHER** Brief Details: _____

(Attach Chief Financial Officer written approval – refer policy Section 5.5 Financial Management Practice Manual https://www.usq.edu.au/financialservices/b-policies/financialpractice)

IMPORTANT: Due care *must* be exercised to ensure confidential information is removed from assets (e.g. computers) under suitable arrangements before all such assets are made available for disposal, as per instructions from Central Procurement.

Department / Project from original purchase:

Dept: Program: Project:

Asset Officer Use Only

PROCEEDS OF DISPOSAL: (if sold or traded in): $ excluding GST

ORIGINAL PURCHASE PRICE $	**DATE PURCHASED:**

DECLARATION FOR DISPOSAL OF ASSET/PAI BY FINANCIAL DELEGATE:

I declare that I propose to dispose of the above item in accordance with policy at Section 5.5 of the Financial Management Practice Manual. Approval of Chief Financial Officer is attached if/as required.

SIGNATURE: . . . . . POSITION: . . . . . .(Financial Delegate*)

NAME: . . . . . DATE: / /

**Disposal Value must be within Financial Delegation amount*