**DISPOSAL REQUISTION**

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| --- | --- |
| **Subject of Disposal:** | *[insert the subject of the Disposal]* |
| **Disposal Reference number**: | *[insert number]* |
| **Location/Site of Asset:** | *[insert location]* |

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| --- | --- | --- | --- |
| **Item No.**  | **Description of Asset** | **Quantity** | **Year of purchase** |
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I hereby confirm the need and request an assessment of the condition of the asset(s) for disposal.

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| **Confirmation of Need** (Head of the User Department) |  |
| Signature: |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Name: |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date: |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Item No.**  | **Description of Asset** | **Quantity** | **Year of purchase**  | **Reference Number from Asset Register** | **Disposal condition** | **Estimated Value** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  | **Estimated Total Value:** |  |

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**Approval to dispose of assets**

(Accounting Officer)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Chief administrative Officer’s approval**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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