

ASSET REMOVAL FORM

<u>Instructions:</u> Please complete the information below and forward to: Office of the Purchasing Agent, 164 West Broad Street, Bridgeton, NJ 08302

Alternatively, these may be emailed to the Purchasing Agent (David DeWoody) at: davidde@co.cumberland.nj.us

Contact Person:	Department Name:	
Manufacturer/Make:	Contact Person:	
Asset Tag Number: Location: Identification # (VIN/Serial): Is the Asset in Working Condition?	Description of Asset:	
Identification # (VIN/Serial):	Manufacturer/Make:	Model:
Is the Asset in Working Condition?	Asset Tag Number:	Location:
If not, what is the cost to repair? \$ (Attach quote or estimate) Reason for Removal (please support your justification and state mileage/hours as applicable): Department Head's Signature: Date: For Administration Use Only Method of Asset Removal (select one): OInter-departmental Transfer	Identification # (VIN/Serial):	
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Department Head's Signature: Date: For Administration Use Only Method of Asset Removal (select one): One of the image o	If not, what is the cost to repair? \$	(Attach quote or estimate)
Department Head's Signature: Date: For Administration Use Only Method of Asset Removal (select one): Onter-departmental Transfer Osale to External Entity Opublic Auction Oscrap Otrade-In For sales, what is the as-is value? \$ Approved Entity for Sale/Transfer (as applicable): Administrator's Signature: Date:	Reason for Removal (please support yo	our justification and state mileage/hours as applicable):
Department Head's Signature: Date: For Administration Use Only Method of Asset Removal (select one): Onter-departmental Transfer Osale to External Entity Opublic Auction Oscrap Otrade-In For sales, what is the as-is value? \$ Approved Entity for Sale/Transfer (as applicable): Administrator's Signature: Date:		
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	Administrator's Signature:	Date: