

Asset Disposal Request Form

Requester Information

Name

Department

Date

Asset Information

Asset Description	Asset Tag/ID	Purchase Date	Original Value	Condition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Good 
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Good 

Reason for Disposal

Approvals

Supervisor/Manager Name

Approval Date

Signature

Important Notes:

- This form must be fully completed before any asset is disposed.
- Attach supporting documents if necessary (e.g. photos, purchase receipts).
- All disposals must comply with company policies and regulatory requirements.
- Ensure all asset information is accurate to avoid processing delays.
- Keep a copy of this form for departmental records.