SMUSA Asset Disposal Form



**SMUSA Asset Disposal Form**

1. This is the official asset disposal form for SMUSA and all school clubs, regarding the disposal of all assets for the various entities.

2. All descriptions and pictures are to be attached in this form in accordance with the stipulated requirements as shown.

3. All representatives are to fill their details and signatures located at the bottom of this form and send it to the SMUSA Operations Department via email for communication and liaising purposes.

4. Representatives are expected to keep soft and/or hard copies of each individual form for reference purposes.

5. This form provides tangible proof to the stated disposal process and can be presented as a form of evidence for internal and external auditing purposes.

**Asset Disposal Details**

|  |  |
| --- | --- |
| Requires Disposal Service (Yes/No) | Reason/Purpose |
|  |  |

***\*\*Please feel free to add on as many rows as you require. Thank you.***

|  |  |  |  |
| --- | --- | --- | --- |
| Asset(s) disposed/damaged | Image of Asset Disposed | Asset(s) Stock Indication Number (AIN) | Asset Purpose and Frequency of Usage |
| *E.g.**2 Volleyballs* | *E.g.**Attach Image of the Volleyballs to be disposed* | *E.g.**19-00123* | *E.g.**Used for training and during competition* |
|  |  |  |  |

|  |  |
| --- | --- |
|  | **(1) To fill by Requesting Department (Applicable if using OSL Budget)** |
|  |  |  |  |  |  |  |
|  | Cost Centre |  |  | Department: |  |  |
|  | Asset Number:' |  |  | Acquisition Date: |  |  |
|  | Asset Description: |  |  | Acquisition Cost (S$): |  |  |
|  | Serial Number (If any): |  |  | Net Book Value (S$) / Date: |  |  |
|  | Trade-In Value (S$) (If applicable): ² |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Detailed Reason for Removal (For stolen / lost / missing assets, please provide full justifications and remedial steps taken to prevent future occurrence): |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Prepared by (Name & Signature):** |  |  | **Approved by (Name & Signature):** |  |  |
|  | **Date:** |  |  | **Date:** |  |  |
|  |  |  |  |  |  |  |
|  | ' For multiple asset disposals, kindly indicate “multiple assets” under ‘Asset Number’ field & enclose a copy of asset listing.² Enclosed the supporting document from the vendor. |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | **(2) To Functional Manager for Assessment: *(See overleaf for assets in charged by respective functional managers)*** |
|  |  |  |  |  |  |  |
|  | I hereby assessed that the item is: *(Please tick)* |  |  |  |  |  |
|  | Still usable. Recommend to keep by requesting department / functional manager \* |  |  |  |  |  |
|  | Not usable. Recommend to dispose. |  |  |  |  |  |
|  | Others, please specify: |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Supported by ( Name & Signature ):** |  |  |  |  |  |
|  | **Date:** |  |  |  |  |  |
|  | \*Please delete where applicable |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Representative Details**

|  |
| --- |
| **Name of Club/CBd:** |
| **Name of Club Assets/Operations Director:** | **Signature of Club Assets/Operations Director**: |
|  |  |
| **Name of CBd Assets/Operations Director:** | **Signature of CBd Assets/Operations Director:** |
| **Name of Staff-in-Charge:** | **Signature of Staff-in-Charge:** |
| **Signature of Head of Department (If asset damaged is worth more than $10,000):** |

**SMUSA Operations Department**

|  |  |
| --- | --- |
| **Name of Operations Representative:** | **Signature of Operations Representative:** |

*This form is to be signed by the respective signatories and to be submitted in hard copy to the SMUSA Operations Secretary. The signed softcopy must also be e-mailed to the* ***operations@sa.smu.edu.sg*** *and to copy the CBd’s Operations/Assets Director and staff-in-charge.*

*All asset disposal forms will be kept until the start of the next budgeting cycle for review by the Assets Management Committee.*