



CAPITAL ASSET DISPOSITION

OFFICE OF THE AUDITOR-CONTROLLER

Complete and return to the Auditor-Controller's Office, Mail Stop #1050.

SPM FORM
AM-7

(POLICY #514)

PAGE ___ OF ___

| | | |
|-------------------|----------------------|-----------|
| Department | Business Unit | FY |
| | | |

_____ Contact Name _____ Phone

| Disposition Codes | | | | | | | |
|-------------------|-----|-----------------------------|-----|-----------------------|-----|---------------------------|-----|
| Abandonment | AB | Disposal Due to Theft | DPO | Missing Asset | MIS | Scrapped Asset | SCR |
| Cannibalize | CAN | Donated to External Group | DON | Retirement by Sale | RTR | Traded in for Other Asset | TRD |
| Casualty Loss | CAS | Leases / SBITAs Termination | LSE | Returned to Inventory | RET | | |

| Category Code | Asset Number | Disposition Code | Quantity | Retire Amount | Proceeds | Removal Costs | Disposition Date |
|--|--------------|------------------|----------|---------------|----------|---------------|------------------|
| 1 | | | | | | | |
| Other Information (Description of equipment, serial number, etc.) | | | | | | | |
| | | | | | | | |
| 2 | | | | | | | |
| Other Information (Description of equipment, serial number, etc.) | | | | | | | |
| | | | | | | | |
| 3 | | | | | | | |
| Other Information (Description of equipment, serial number, etc.) | | | | | | | |
| | | | | | | | |
| 4 | | | | | | | |
| Other Information (Description of equipment, serial number, etc.) | | | | | | | |
| | | | | | | | |
| 5 | | | | | | | |
| Other Information (Description of equipment, serial number, etc.) | | | | | | | |
| | | | | | | | |

_____ Authorized Signature for Deposition (Department Head or Designee)

_____ Date

Auditor-Controller's Use

| | | |
|---------------------------|-----------------|-------------|
| System Updated By: | Initials | Date |
| | | |