



CONSTRUCTION-IN-PROGRESS PROJECT REMOVAL FOR CAPITAL ASSETS

OFFICE OF THE AUDITOR-CONTROLLER
Complete and return to the Asset Management Desk of the General Accounting
Division, Mail Stop #1050.

**SPM FORM
AM – 8**
(POLICY #514)

BUSINESS UNIT	FUND NO.	DEPT ID	AGENCY/DEPARTMENT NAME

1	Asset Number	Category Code	Project #	Quantity	Amount		Fiscal Year	Disposal Date
Other Information (Reason/Comments)								
2	Asset Number	Category Code	Project #	Quantity	Amount		Fiscal Year	Disposal Date
Other Information (Reason/Comments)								
3	Asset Number	Category Code	Project #	Quantity	Amount		Fiscal Year	Disposal Date
Other Information (Reason/Comments)								
4	Asset Number	Category Code	Project #	Quantity	Amount		Fiscal Year	Disposal Date
Other Information (Reason/Comments)								
5	Asset Number	Category Code	Project #	Quantity	Amount		Fiscal Year	Disposal Date
Other Information (Reason/Comments)								

Project Manager Name _____ Title _____ Signature _____ Date _____

Fiscal Chief/Officer/Manager Name _____ Title _____ Signature _____ Date _____

Department Director _____ Title _____ Signature _____ Date _____