

NFTA / NFT Metro

Request for Disposal of Capital and Non-Capital Assets

**Department Information**

NFTA or Metro? \_\_\_\_\_

Division / Department Name \_\_\_\_\_

**Asset Information (to be completed by Department Manager)**

Asset Description \_\_\_\_\_

Serial # or Model # \_\_\_\_\_

Current Location of Asset \_\_\_\_\_

Reason for Disposal \_\_\_\_\_

Approved by Department Manager \_\_\_\_\_ Date \_\_\_\_\_

Approved by General Manager \_\_\_\_\_ Date \_\_\_\_\_

If the asset is a vehicle, date which Vehicle Title/License Plates Were Provided to Risk Management \_\_\_\_\_ Date \_\_\_\_\_

**Send to Manager of Accounting Services**

Grant Funding Description: \_\_\_\_\_

Asset Number \_\_\_\_\_

Date of Purchase \_\_\_\_\_

Asset Life \_\_\_\_\_

In Service \_\_\_\_\_

Out Service \_\_\_\_\_

NFTA% \_\_\_\_\_ Grant % \_\_\_\_\_

Historical Cost \_\_\_\_\_

Accum Depr. at Beg of Year \_\_\_\_\_

Depreciation during current year \_\_\_\_\_

Net Book Value (NBV) As of \_\_\_\_\_

Total

Our Cost	Grant Contributions		Combined Cost
	Local Grant	Federal Grant	

Circulate to:

Reviewed and Approved by Accounting Services \_\_\_\_\_ Date: \_\_\_\_\_

Grantor Notification Required  Yes  No

Reviewed and Approved by Risk Management Manager \_\_\_\_\_ Date: \_\_\_\_\_

Claim Submitted  Yes  No

Reviewed and Approved by CFO \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved by Executive Director \*(if over \$10,000 BV) \_\_\_\_\_ Date: \_\_\_\_\_

\*Attach Board Resolution if over \$50,000

Send to Manager of Accounting Services for Completion

Disposal Action: \_\_\_\_\_

Proceeds from disposal as of \_\_\_\_\_ \$ \_\_\_\_\_

Insurance Proceeds, if applicable as of \_\_\_\_\_ \$ \_\_\_\_\_

Gain or loss on disposal as of \_\_\_\_\_ \$ \_\_\_\_\_

If asset was sent to a scrap dealer, attach estimate(s)

Signers Please Add Additional Notes (as needed)

Completed Copy to:

Department Manager

Grants Manager