

ASSET DISPOSAL FORM

Inspection made by a Board of Survey Team at the _____ of the
 Ministry of _____ in _____ on _____ Date of last BOS: _____
 Name of Officer in charge of Stores: _____ Designation: _____

Ledger folio	Details of item (include date of purchase, S/N)	No	Original cost		Recommendation to include disposal method specified in FPO Regulation 52(2) (a-d). Include reserve value if opted for part 52 (2) (a).
			Unit cost	Total	
TOTAL					

Board of Survey Team

We certify that we have examined the items presented to us for inspection, as scheduled above, and are of the opinion that, with the exceptions indicated, they have become unserviceable through fair wear and tear we have considered what further use could be made of these items and have made our recommendations accordingly.

Name & Ministry	Signature & Date
1. Chair _____	_____
2. Member _____	_____
3. Member _____	_____

Recommendations approved as amended and initialled by me.

Date: _____

 Minister of Economy / Permanent Secretary for Economy/PS of Agency

I certify that action has been taken as approved, the ledger balances adjusted, and that the items ordered/approved to be destroyed have been..... (describe method of destruction).

Officer in Charge of Inventory/Stores. _____ Date: _____