

This form is to be used for the disposal and transfer of low value equipment under £1000. Please retain this signed record within your department for audit purposes.

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| **Department:** |
| **Representative Co-ordinator:** |

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| Equipment Description  | Current Location | Original or estimate purchase price | Condition and Age of Item  | Disposal/Transfer Method: *Scrapped/Redistribution to another Department/Sale to member of staff/Donated to 3rd Party* | Reason for Disposal/Transfer | If sold, donated or transferred to another department please specify to whom | Agreed sale price (Inclusive of any applicable VAT) | Expected date of Disposal/Transfer |
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| Head of Department Approval: | Name: | Date: | Signature: |
| Digital, Data, and Technology Deputy Director (Service Operations) Approval:(For Technology related equipment only) | Name: | Date: | Signature: |