Use this form when a University of Alberta unit transfers or sells an asset to another University unit. Do not use for furniture. To request an assessment of fair value, please contact SMS (Surplus Assets) at 780.492.5393 or e-mail smssurplus@ualberta.ca.

Refer to the [Equipment Asset Disposal/Retirement Procedure](https://policiesonline.ualberta.ca/PoliciesProcedures/Procedures/Equipment-Asset-Disposal-and-Retirement-Procedure.pdf)*.*

Transfer/sale from:

Transfer/sale to:

Effective date of transfer:

Reason for transfer of assets:

Asset Tag Number:

Description of asset:

For assets purchased from restricted funds: donor/sponsor name and terms and conditions relating to proceeds of sale of asset (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FSK mask****5****\*Complete this section if the equipment asset is being sold by one unit to another (not required if transferred at no cost). If the equipment asset was originally purchased from restricted funds (F5xx, Exxxx), the selling price must be the fair value determined by SMS (Surplus Assets) – refer to top of form for instructions.****DEBIT - Department Purchasing the Asset**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Account1** | Speed Code | Fund | DeptID | Program | Class | Project | Description | Amount |
|   |  |   |  |  |  |   | Equipment internal sale  |  |
|  | Total: |  |

**1 Enter one of the following account codes as applicable:** No GST on Internal Sales

|  |  |  |  |
| --- | --- | --- | --- |
| 502341– Equipment < $5000 | 502343 – Computing Hardware <$5000 | 502344 – Scientific Lab Equip <$5000 | 507001 – Capital Equip >$5000 |

**CREDIT - Department Selling the Asset**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account**(do not change)** | Speed Code | Fund | DeptID | Program | Class | Project | Description | Amount (-) |
| **401001** |  |  |  |  |  |  | Equipment internal sale  |  |
|  | Total: |  |

 No GST on Internal Sales |

This section applies to disposal of computer hard drives and other data storage devices:

[ ]  The unit has deleted all data and site-licensed software.

This section applies to disposal of equipment assets used to store radioactive or biological substances:

[ ]  The unit has completed the [Equipment Decontamination Verification](http://www.ehs.ualberta.ca/en/EHSDivisions/~/media/34BDD3F027634C768A79D95356E313EF.docx) and has attached a copy of this form indicating Biosafety clearance.

|  |
| --- |
| **APPROVAL BY UNIT TRANSFERRING/SELLING EQUIPMENT ASSET**I hereby certify that the above information is true and complete: |
|  |  |  |
| **Budget Owner Signature** | **Budget Owner Name (printed)** | **Date (mm/dd/yyyy)** |

|  |
| --- |
| **APPROVAL BY UNIT RECEIVING/PURCHASING EQUIPMENT ASSET** |
|  |  |  |
| **Budget Owner Signature** | **Budget Owner Name (printed)** | **Date (mm/dd/yyyy)** |

Both departments are required to complete and sign form. Upon completion submit to Equipment Services (SMS), 1st floor Materials Management Building or email: equipment.services@ualberta.ca or fax: 780.492.8268.

|  |
| --- |
| **SMS ONLY: (THIS SECTION REQUIRED ONLY IF EQUIPMENT ASSET HAS BEEN SOLD)** |
|  |  |  |
| **SMS – Approver Signature** | **Approver Name (printed)** | **Date (mm/dd/yyyy)** |
| **Forward completed form to fsglje@ualberta.ca for keying** |

**\*GST is not charged on Internal Transfer or Sale of Equipment**

|  |
| --- |
| **RECEIVED BY FINANCIAL SERVICES** |
|  |  |  |
| **Signature** | **Name (printed)** | **Date (mm/dd/yyyy)** |