

Attachment B



AUTHORIZATION FOR BUDGET FUND ALLOCATION RE: PROCEEDS ON DISPOSAL OF CAPITAL ASSETS

SECTION 1

DATE OF DISPOSAL: _____	REQUISITION DATE: _____
ASSET ID: _____	REQUISITIONER NAME: _____
ASSET DESCRIPTION: _____	SIGNATURE: _____
MODEL NUMBER: _____	DEPARTMENT: _____
SERIAL NUMBER: _____	FINANCIAL MANAGER NAME: _____
PROCEEDS ON DISPOSAL: \$ _____	SIGNATURE: _____

SECTION 2

To be completed by Accounting Services

FUNDING SOURCE(S): OPERATING OTHER: SPECIFY: _____

PROCEEDS ON DISPOSAL \$ _____

NBV OF ASSET DISPOSED \$ _____

GAIN/(LOSS) ON DISPOSAL \$ _____

UNAMORTIZED REVENUE \$ _____

PROCEEDS AVAILABLE TO BE ALLOCATED TO DEPARTMENT (LESSER OF PROCEEDS AND GAIN ON DISPOSAL).*

\$ _____

*NOTE: LOSS ON DISPOSAL WILL RESULT IN \$0 AVAILABLE FOR ALLOCATION.

SECTION 3

To be completed by Budget & Financial Strategies Department

BUDGET ALLOCATION APPROVED: Yes No _____
CFO SIGNATURE

BUDGET ALLOCATION COMPLETED BY: _____
PRINT NAME

SIGNATURE

DATE

FOAPAL: _____

**Originator: Complete Section 1 and forward form to Accounting Services
See the "Financial Reporting and Safekeeping of Capital Assets" policy for complete details.**

Note: This form is available on MyMohawk under the Employee Tab, Financial Services section.