



University of Massachusetts
Amherst

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Surplus Equipment Sale Form

Date: _____
Department Name & Location: _____
Reason: _____
Equipment Description:
Brand: _____ Type: _____
Model#: _____ Serial #: _____
UMA Property Asset # _____ Year equipment purchased: _____
Original cost of equipment: \$ _____
Condition of equipment: __ Excellent __ Good __ Fair __ Poor
Does equipment function properly? __ Yes __ No
If "NO" please describe problem(s): _____

Authorized Department Signature: _____
Title: _____ Print Name: _____

THIS SPACE FOR USE BY PROCUREMENT DEPARTMENT ONLY

1. Was equipment made available to other departments: __ Yes __ No
If "No" – give reason _____
2. Date posted on Procurement web site ______ __ N/A Assigned Value: \$ _____
Method used to determine value: _____
Person assigning value: _____
3. Was this equipment transferred to another department? __ Yes __ No
Department Name: _____ Transfer Date: ______
Contact: _____ Cost to Department: \$ _____
4. Was equipment sold to an outside vendor? __ Yes __ No
If "Yes" attach copy of bill of sale to this form and list Surplus Bid # _____
Price: _____ Date picked-up: _____
Vendor name: _____ Tel# _____
Address: _____
5. If equipment not sold what is disposition of equipment:
____ Scrapped – attach copy of bill of sale to this form
____ Held for next surplus sale