



University of Massachusetts
Amherst

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Surplus Equipment Sale Form

Date: _____

Department Name & Location: _____

Reason: _____

Equipment Description:

Brand: _____ Model#: _____

Serial #: _____ Type: _____

UMA Property Asset # _____ Year equipment purchased: _____

Original cost of equipment: \$ _____ Minimum Value requested: \$ _____

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