



PROPERTY SURPLUS TRANSFER DISTRIBUTION TO PURCHASING – SURPLUS PROPERTY

Control No. _____

This form serves one purpose: **SURPLUS PROPERTY TRANSFER TO PURCHASING** **NOTE:** Do not combine casualty/loss or transfer to another department on this form.

I. PROPERTY INVOLVED (Group/Department to fill out boxes 1–9)

	1	2	3	4	6	7	9		10
	Description/ Serial No. (if available)	Condition	Inventory No.	Purchase Price 5 Purchase Date	Estimated Current Value	Mileage OR 8 Hours	Fully Depreciated?		Purchasing Use Only Assigned Auctioneer
1							Yes		
							No		
2							Yes		
							No		
3							Yes		
							No		
4							Yes		
							No		
5							Yes		
							No		

II. TO PURCHASING – SURPLUS PROPERTY:

The above property is surplus to the needs of _____ Department

_____ at _____, as of _____ per
Cost Center Location Date

/s/ _____ or _____
Department Head Name Signature Date Designee Name Signature Date

Reason for surplus: _____ Not For Public Use/Auction

Department's surplus contact: _____ Phone _____
Print Full Name and Title

For Purchasing Use Only

Received by: _____ on _____ Disposition of surplus property:
Surplus Property Date