



Control No. _____

SURPLUS PROPERTY TRANSFER FORM

Distribution to Purchasing Surplus Division

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 PROPERTYThe 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 _____

BOARD AGENDA ITEM APPROVAL INFORMATION (Required for items valued at over \$10,000)_____
Board Approved Meeting Date_____
Board Agenda Item Number**For Purchasing Use Only**Received by: _____ on _____ Disposition of surplus property:
Surplus Property