



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 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 \_\_\_\_\_

**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