



SURPLUS PROPERTY TRANSFER FORM

Distribution to Purchasing Surplus Division

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 _____

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