

GSLMSD Surplus Form

	Department ID #	Trans	Transfer Date				
Transferring Fund #		Department Name					
Receiving Fund #		Department Name					
Capital Asset/Property ID #	Property Description	Vehicle VIN #/Serial #	Condition of	Item Quantity	New Location	Bid/Auction & Sale Amount	E-Waste Disposal
TRANSFER TYPE		TRANSF	ERRING AGENT				
A) TRANSFER TO OTHER DE B) TRADE-IN TO VENDOR/N C) CONSIGNED TO SURPLU	PARTMENTS IEW EQUIPMENT PURCHASE(EXPLANATION TO BE SENT S FOR TRANSFER/DISPOSAL/SALE	(AUTHOR	IZED)	NAME :			
	STROYED/LOST (MAYOR LETTER REQUIRED) NTY-WIDE POLICY 1125 PARAGRAPH 2.2.10)		RECEIVING AGENT (AUTHORIZED) NAME:				
INSTRUCTIONS FOR INTERNAL	SERVICE/ENTERPRISE FUNDS			ATURE:			
OR MORE MUST HAVE A 2) IF YOUR DEPARTMENT I	OOR FROM PROPRIETARY FUNDS WITH AN ORIGINAL CO IN AGREED UPON PRICE BEFORE THE TRANSFER CAN TA INTENDS TO RESERVE SURPLUS EQUIPMENT FOR THE NE	KE PLACE. EXT AVAILABLE	(AS CONSIGN	PERTY AGENT: EE OR AGENT)			
SALE, YOU MUST MAKE BEFORE DELIVERY OF ITI	STORAGE ARRANGMENTS WITH THE PROPERTY AGENT EMS.	IN PURCHASING	SIGNATU	RE OF MAYOR:			