



GSLMSD Surplus Form

[CLEAR FORM](#)Transfer Type (See below) C Transfer Date _____

Transferring Fund # _____ Department ID # _____ Department Name _____

Receiving Fund # _____ Department ID # _____ Department Name _____

Capital Asset/Property ID #	Property Description	Vehicle VIN #/Serial #	Condition of Item	Quantity	New Location	Bid/Auction & Sale Amount	E-Waste Disposal
4050000736	ACER Monitor	MMLW9AA00452205B448524	Used	1			<input type="checkbox"/>
4050000737	ACER Monitor	MMLW9AA0045240F5FD8524	Used	1			<input type="checkbox"/>
4050000734	ACER Monitor	MMLW9AA00452205B478524	Used	1			<input type="checkbox"/>
4050000735	ACER Monitor	MMLW9AA00452205B468524	Used	1			<input type="checkbox"/>
4050000730	ViewSonic Monitor	TSP1525C0967	Used	1			<input type="checkbox"/>
4050000731	ViewSonic Monitor	TSP1525C0936	Used	1			<input type="checkbox"/>
1015000022	Lenovo Monitor	65163297AC02A00	Used	1			<input type="checkbox"/>
1015000028	Lenovo Monitor	V9-MAG2F	Used	1			<input type="checkbox"/>
11516	Dell Monitors	cn-ovx49-71872-25ia9ti	Used	1			<input type="checkbox"/>
11517	Dell Monitors	cn-ovx49-72872-185h1ni	Used	1			<input type="checkbox"/>

TRANSFER TYPE

- A) TRANSFER TO OTHER DEPARTMENTS
B) TRADE-IN TO VENDOR/NEW EQUIPMENT PURCHASE(EXPLANATION TO BE SENT TO MFA)
C) CONSIGNED TO SURPLUS FOR TRANSFER/DISPOSAL/SALE
D) SOLD EXTERNALLY
E) ELECTRONIC WASTE
F) UNACCOUNTED FOR/DESTROYED/LOST (MAYOR LETTER REQUIRED)
G) STOLEN (REFER TO COUNTY-WIDE POLICY 1125 PARAGRAPH 2.2.10)

TRANSFERRING AGENT

(AUTHORIZED)

NAME : Izabela MillerSIGNATURE: Izabela Miller Digitally signed by Izabela Miller
Date: 2024.01.19 09:27:51 -07'00'**RECEIVING AGENT**

(AUTHORIZED)

NAME: _____

SIGNATURE: _____

INSTRUCTIONS FOR INTERNAL SERVICE/ENTERPRISE FUNDS

- 1) ITEMS TRANSFERRED TO OR FROM PROPRIETARY FUNDS WITH AN ORIGINAL COST OF \$10,000 OR MORE MUST HAVE AN AGREED UPON PRICE BEFORE THE TRANSFER CAN TAKE PLACE.
2) IF YOUR DEPARTMENT INTENDS TO RESERVE SURPLUS EQUIPMENT FOR THE NEXT AVAILABLE SALE, YOU MUST MAKE STORAGE ARRANGMENTS WITH THE PROPERTY AGENT IN PURCHASING BEFORE DELIVERY OF ITEMS.

SIGNATURE OF SURPLUS PROPERTY AGENT: _____
(AS CONSIGNEE OR AGENT)

SIGNATURE OF MAYOR: _____

PM-2'S **NOT** PROPERLY **SIGNED** BY BOTH THE TRANSFERRING AND RECEIVING DEPARTMENT AND/OR SURPLUS PROPERTY AGENT WILL BE RETURNED AND DELIVERY OF SURPLUS ITEM **REFUSED**.