



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
4050000514	ViewSonic	RWS110500808	Used	1			<input type="checkbox"/>
4050000511	ViewSonic	rws110501696	Used	1			<input type="checkbox"/>
MSD00000327	Dell Monitor		Used	1			<input type="checkbox"/>
4050000642	LG Monitor	308NDXQDD042	Used	1			<input type="checkbox"/>
4050000743	Samsung Monitor	0LT2HTQG600445B	Used	1			<input type="checkbox"/>
1015000007	Samsung Monitor	Z6HWHCLG100505P	Used	1			<input type="checkbox"/>
4050000741	HP Monitor	3LM5150894	Used	1			<input type="checkbox"/>
MSD00000146	Acer Monitor	MMLWAAA001513057FA8528	Used	1			<input type="checkbox"/>
4050000576	Dell Monitor	RevA02	Used	1			<input type="checkbox"/>
4050000692	AOC Monitor	EHYDAJA001937	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 09:52:51 -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**.