



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
4050-000-268	Dell Monitor		Not Functional				<input type="checkbox"/>
4050-000-244	Dell Monitor		Not Functional				<input type="checkbox"/>
MSD00-000-065	OptiPlex 7060		Not Functional				<input type="checkbox"/>
4050-000-684	OptiPlex 9020		Not Functional				<input type="checkbox"/>
4050-000-695	OptiPlex 9020		Not Functional				<input type="checkbox"/>
MSD00-000-010	OptiPlex 5060		Not Functional				<input type="checkbox"/>
MSD00-000-012	OptiPlex 5060		Not Functional				<input type="checkbox"/>
MSD00-000-017	OptiPlex 5060		Not Functional				<input type="checkbox"/>
MSD00-000-011	OptiPlex 5060		Not Functional				<input type="checkbox"/>
MSD00-000-085	OptiPlex 7070		Not Functional				<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 : _____

SIGNATURE: _____

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: _____



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4050-000-747	Latitude E7250	9B6XH72	Not Functional	1			<input type="checkbox"/>
MSD00-000-026	Latitude 5400	H2FQ0X2	Not Functional	1			<input type="checkbox"/>
4050-000-599	Optiplex 9010 (Desktop)		Not Functional	1			<input type="checkbox"/>
1015-000-008	Dell Monitor		Not Functional	1			<input type="checkbox"/>
MSD00-000-108	HP OfficeHe 4650	TH7CC4F1VT	Not Functional	1			<input type="checkbox"/>
	XEROX Phaser 3250	MXX894486	Not Functional	1			<input type="checkbox"/>
4050-000-404	Dell Monitor (2)		Not Functional	2			<input type="checkbox"/>
4050-000-324	Dell Monitor		Not Functional	1			<input type="checkbox"/>
4050-000-738	Dell Monitor		Not Functional	1			<input type="checkbox"/>
4050-000-307	Dell Monitor		Not Functional	1			<input type="checkbox"/>

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MSD00-000-021	Latitude 5400	1L7Q0X2	Not Functional	1			<input type="checkbox"/>
MSD00-000-020	Latitude 5400	95FQ0X2	Not Functional	1			<input type="checkbox"/>
MSD00-000-027	Latitude 5400	82FQ0X2	Not Functional	1			<input type="checkbox"/>
4050-000-769	Alienware	28JMNH2	Not Functional	1			<input type="checkbox"/>
MSD00-000-019	Latitude 5400	69MQ0X2	Not Functional	1			<input type="checkbox"/>
MSD00-000-024	Latitude 5400	4MKR0X2	Not Functional	1			<input type="checkbox"/>
MSD00-000-096	Latitude E5470	9Z09CG2	Not Functional	1			<input type="checkbox"/>
MSD00-000-025	Latitude 5400	CH7Q0X2	Not Functional	1			<input type="checkbox"/>
MSD00-000-030	Latitude 5400	37RR0X2	Not Functional	1			<input type="checkbox"/>
MSD00-000-073	Latitude 7400	89HM9Y2	Not Functional	1			<input type="checkbox"/>

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TRANSFERRING AGENT

(AUTHORIZED) NAME : Ace Mack

SIGNATURE: _____

RECEIVING AGENT

(AUTHORIZED) NAME: _____

SIGNATURE: _____

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MSD00-000-085	OptiPlex 7070		Not Functional	1			<input type="checkbox"/>
MSD00-000-126	Microsoft Pro 4	009975571853	Not Functional	1			<input type="checkbox"/>
			New				<input type="checkbox"/>
			New				<input type="checkbox"/>
			New				<input type="checkbox"/>
			New				<input type="checkbox"/>
			New				<input type="checkbox"/>
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