



Report of Surplus Property

(Detailed Instructions on page 24 of PCS User Manual)

Return Completed form to Property Control, Box 82

Retain Green copy for Department Records

FOR PROPERTY CONTROL USE ONLY

PC # _____

Page _____ of _____

The property listed below is no longer required by this Department. For further information about this property contact:

Name: (Print) _____ Phone # _____

_____/_____/_____
SIGNATURE DATE

EQUIPMENT COORDINATOR OR AUTHORIZED SIGNATURE

NOTE: PLEASE INDICATE ANY SPECIAL INSTRUCTIONS FOR REMOVAL OF EQUIPMENT. PROPERTY CONTROL will not accept surplus equipment which contains fluids chemicals, drugs or lab specimens.

DEPARTMENT NAME* _____

ACCOUNT # _____

RF412-

GRANT # (IF APPLICABLE) _____

HSCB MAILBOX # _____

*Department name and function code should be of department filling the Surplus form.

EQUIPMENT INFORMATION

BUILDING	ROOM	ASSET TAG #	DESCRIPTION	MANUFACTURER	MODEL #	SERIAL #	CONDITION	WORK-ING
							<input type="checkbox"/> EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OBSL <input type="checkbox"/> SCRAP	<input type="checkbox"/> Y <input type="checkbox"/> N

FOR PROPERTY CONTROL USE ONLY

PC # _____ Funds from which item(s) were purchased _____ Proceeds (if any): \$ _____ Deposit Amount _____ Final Disposition _____

OBSERVER SIGNATURE

DATE