

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
SURPLUS PROPERTY REPORT FORM

FOR SURPLUS USE ONLY

DATE: _____

This form must be typed or written in ink. A separate form must be completed for each equipment item or lot. Non-equipment items such as chairs, tables, desks, miscellaneous office supplies, etc. may be grouped as one lot. **To ensure equipment is removed from your department, the *VT Bar Code Number (or Inventory Control Number) and **Accounting Fund must be supplied.** A surplus label will be provided and must be placed on each item or lot. Forms are available from the Surplus Property Office (phone: 1-5660) or <http://www.purch.vt.edu/html.docs/forms.html>. **Mail completed forms to Surplus Property (mail code 0359).**

Surplus items will be made available for internal transfer to departments or will be sold at public auctions. Departments may request to see available equipment on announced screening dates or upon special arrangements.

(To Be Completed By Department)

DESCRIPTION: _____

***VIRGINIA TECH BAR CODE NUMBER (or Inventory Control Number):** _____

MANUFACTURER: _____ MODEL: _____ QUANTITY: _____

SERIAL#: _____ COLOR: _____ MILEAGE: _____ ESTIMATED VALUE: _____

CONDITION: NEW GOOD FAIR POOR NEEDS REPAIR PARTS MISSING

DEPARTMENT NAME: _____ MAIL CODE: _____ DEPT #: _____

ACCOUNTING FUND: _____

LOCATION OF ITEM: BLDG/RM _____ **[The 6 digit # that was used to pay for the item when it was purchased. In the past the fund was known as the FRS account number.]

PERSON TO SEE FOR PICKUP: _____ PHONE/LOCATION: _____

DEPARTMENT HEAD/AUTHORIZED SIGNATORY: (PLEASE PRINT) _____

SIGNATURE: _____ DATE: _____

SURPLUS PROPERTY PICKUP & STORAGE INFORMATION *(This section will be completed upon pickup)*

Item Disposition: Picked Up Missing Dept Kept Another Dept Picked Up (Dept #) _____

Additional Information: _____

Department signature to verify that the information above is accurate to ensure proper disposition of your asset:

Name (please print): _____ Signature: _____ Date: _____

Placed in Storage: Warehouse _____ Other Location _____ Date: _____ Fund Detail: _____

Surplus Personnel Signature: _____ Date: _____

TRANSFER INFORMATION: PLEASE ATTACH SPITA FORM *(This section will be completed by Surplus Property)*

Transferred to Dept. Name: _____ Dept #: _____ Date: _____

New Location: Building: _____ Room: _____ Responsible Person: _____

DISPOSAL INFORMATION: *(This section will be completed by Surplus Property)*

Destroyed/Trashed By (Surplus Personnel): _____ Date: _____

Approved by: _____ Date: _____

Date Sold: _____ Lot#: _____ Sale \$: _____