## FORM 206 — DECLARATION OF SURPLUS PROPERTY OR TRANSFER

Dept. Na	ame:					Date:			
Dept. No.:			Location of Property:						
Reason for Disposition Item(s			s) no longer required		Lost or stolen* (attach explanation)			Cannibalized	
(*Any p invento	property reported as lo ory must be attached to	est or stolen with a this form, signe	an original cos d by the Dean	t exceed or Vice	ding \$5,0 Preside	000 requires the nt of your area.	at written justif Security will b	ication for ren be notified.)	noval from
Authorized Signature			Date		Person Submitting Fo		orm	Date	
Tra	ansfer to another C	U department:							
Re	ceiving Department Nar	me	Dept. No.	Auth	orized S	ignature		Date	
Tra	ansfer to other state	e agency:							
Re	ceiving Agency Name		Authorize	d Signat	ture			Date	
or CCIT	ed unreadable before it F personnel for assistan Yes	No No	AŠ ALĽ SENSI Hard I	TIVE U	NIVERS	ITY DATA BEEN	Employees sno I TOTAL ERAS Memory Remo	SED?	ir ise's
FOR SU	JRPLUS PROPER		/arehouse		Sel	l as Scrap	La	andfill	
Surplus Property Manager			Date REMARKS:						
Direc	ctor of Purchasing		Date						
Fixed	d Assets Manager		Date						
Quantity Description of Prop			erty		al No. puters nly)	Purchase Date MM/YYYY (if available)	Inventory Decal No. (if available)	Original Cost (if available)	Condition of Property

SUBMIT

**RESET**