H R S D
PROCUREMENT DIVISION
SURPLUS PROPERTY DISPOSAL FORM

Procurement Division Use
MM- -

The following item/s have been determined to be surplus property. Surplus property includes material, property and supplies that no longer have any use to your department. This includes items that are obsolete, scrap or have completed their useful life. Provide a detailed description of the item/s on the second page of this form. Upon receipt of a Director approved Surplus Property Disposal Form, the Procurement Division will contact the work center to coordinate the disposal method and date.

- ☐ Computer Hardware
- ☐ Office Equipment
- ☐ Office Furniture
- ☐ Plant Equipment/Demolition
- ☐ Pumps/Machinery
- ☐ Scrap Metal/Junk
- ☐ Vehicles/Equipment
- ☐ Other: Provide description on Page 2

Location of surplus property: _____

SCRAP METAL/JUNK DISPOSAL (CHECK ONE)

☐ Requester will haul to junkyard by HRSD vehicle*
☐ Requester will load on Contractor provided trailer **(Contractors require a full trailer load to use this option)**

*When hauling surplus property by HRSD vehicle to junkyard, please instruct HRSD drivers to identify scrap by treatment plant or division name for weight tickets. All weight tickets must be forwarded to the Procurement Division promptly. All payments for surplus property must be forwarded directly from the Contractor to the **Accounting Division** for processing.

SURPLUS PROPERTY PURCHASED WITH GRANT FUNDS

☐ **Check here if surplus property was originally purchased with grant funds.*** Disposal of this type of surplus property requires special processing. Property purchased with grant funds cannot be processed until approval for disposal has been obtained from the Chief of Planning.

(enter approval name/date here)
Chief of Planning Approval/Date

SURPLUS PROPERTY DISPOSAL APPROVAL

Approval is required from one authorized surplus property disposal officer **prior** to the disposal of any surplus property. Please forward this surplus property disposal form to your department director for approval. After appropriate approval is obtained, this form will be forwarded to the Procurement Division for processing. **Funds will be deposited to a general account in the Operating Fund unless otherwise specified.**

REQUESTED BY:

(enter work center and requester name here)
Name of Work Center and Requester

(enter approval name/date here)
Supervisor's Approval/Approval Date

(enter approval name/date here)
Director Approval/Approval Date

NOTE: DIRECTOR APPROVAL REQUIRED PRIOR TO SUBMITTAL TO PROCUREMENT DIVISION.

SURPLUS PROPERTY DESCRIPTION

Please provide the following information: Description, manufacturer's name, model/serial numbers, purchase date/age of equipment, date out of service, etc. When rating condition, please use the following codes: (N) New/unused, (E) Excellent, (G) Good, (F) Fair, (P) Poor, (J) Junk, (O) Operational, (NO) Non-operational and (SH) Safety Hazard. Items requiring storage in the surplus property storage area must be coordinated with the Procurement Division. Items will be accepted by appointment only. For additional information on the disposal of surplus property, please reference the **User's Guide to Surplus Property Disposal** or contact the Procurement Assistant at 460-7316.

ITEM CODE# (use work ctr name code)	QTY	DESCRIPTION	ESTIMATED ORIGINAL PURCHASE COST	ESTIMATED SURPLUS SALE VALUE	CONDITION (use codes above)
Example: AB-1	1 EA	Sharp Model 3000 Fax Machine, 5 yrs old	$350.00	$40.00	F, O

If you have more than five (5) items, please place individual labels with item codes on each item (see label format provided on page 3 of this form). Upon request, the Procurement Division will provide inventory labels. **Scrap metal, junkyard and safety hazard items do not require labeling**.

DISPOSAL SUMMARY (FOR PROCUREMENT OFFICE USE ONLY)

Disposal Method Used: ☐ Spot Bid ☐ Sealed Bid ☐ Public Sale ☐ Auction ☐ Donation
Surplus Inventory Status: ☐ Inventory List ☐ Labels ☐ Transferred to Storage

BIDDER/S NAME	BID PRICE

Surplus Awarded To: _____ **Award Date:** _____

Procurement Official: _____

☐ **Final Dated** ☐ **Original to File** ☐ **Copy to Accts Receivable**

Total Amount Due: $_____ **Transfer Date to Accts Receivable:** _____

Revenue Received: _____ **Deposit Date:** _____ **Request Complete:** _____

SAMPLE FORMAT	EXAMPLE	PRINT LABEL TYPE
AB-1 Description of Item, Mfg. Name, Model/Serial #, Color, Size, Condition (use codes on Pg. 2)	AB-1 Desk, metal, beige, 3 drawer, 3’ x 6’, Cond: F, 5 yrs old	Avery Label #5160 Enter label details on this Page for format