

PROPERTY DISPOSITION REPORT

TO: NEVADA STATE PURCHASING DIVISION
 EXCESS PROPERTY MANAGEMENT PROGRAM
 2250 BARNETT WAY
 RENO, NV 89502
 PH: (775) 684-1835 FAX: (775) 688-1503

FROM: Agency Name: _____
 Address: _____
 Phone: _____ Fax _____
 Property location: _____
 Contact: _____ Phone: _____

DISPOSITION OF EXCESS, BEYOND REPAIR, STOLEN/LOST OR TRANSFERRED/DONATED PROPERTY

Please complete a separate report for each disposition action requested. Please provide a complete description of property including condition, State I.D. # (if applicable) and budget account from which the property was originally purchased.

- EXCESS** to the needs of this department. Request pick up of property. Point of contact and telephone number are provided.
 Please fax to (775) 688-1503
- BEYOND REPAIR:** Recommend property be junked. Provide detailed explanation as to condition. **REMOVAL OF PROPERTY TO BE AT AGENCIES EXPENSE OR CONTACT BUILDINGS AND GROUNDS.**
- STOLEN/LOST/MISSING:** Please attach a police report or other documentation to describe circumstances.
- DONATION:** Please provide explanation of property condition, name of organization, and proof of organization's tax-exempt status, if donating. Agency must obtain a signature from organization receiving property. **AGENCY MUST HAVE PRIOR AUTHORIZATION BEFORE DONATING PROPERTY.**
- STATE I.D. TAG REQUEST:** Duplicate _____ New _____
 If NEW, please provide the agency account coding and a copy of the invoice for all items needing a new tag.
 FUND _____ AGENCY _____ APPR UNIT _____ OBJECT _____ LOC CODE _____ COST _____
- TRANSFER:** From LOC CODE _____ To LOC CODE _____
 Signature of Receiving Agency _____ Date _____
- OTHER:** Please provide detailed explanation.

REMINDER: REMOVE ALL TAGS PRIOR TO DONATION OR DISPOSAL.

STATE ID #	DETAILED DESCRIPTION OF PROPERTY	OFFICE USE ONLY	
		FC or FD Doc	Warehouse #

_____ Title _____ Date _____
 Person completing this form

_____ Title _____ Date _____
 Approving Authority

FOR PURCHASING USE ONLY

Screened By _____ Date _____ Estimated Pick Up Date _____