# STATE SURPLUS PROPERTY TRANSFER DOCUMENT

**TO:**
Agency: ____________________________  
Address: ____________________________  
Name: ___________________  Phone: ______________  
Title: ___________________  Agency Code: ____________

**FROM:**
Agency: ____________________________  
Address: ____________________________  
Name: ___________________  Phone: ______________  
Title: ___________________  Agency Code: ____________

Specific location of Property:  

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>COMM. CODE</th>
<th>ITEM DESCRIPTION</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>TRANSFER COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>136</td>
<td>09999</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Amount

Transfer authorized DGS/DPS: ____________________________  
Surplus Property Agent: ____________________________  
Date: ____________________________

Receiving Agency Approval: ____________________________  
Commitment of Funds for Transfer: ____________________________  
Signature: ____________________________  
Title: ___________________  Date: ____________________________

Property Received: ____________________________  
Signature: ____________________________  
Title: ___________________  Date: ____________________________

Owning agency to provide signed copies to owning agency file, receiving agency file and DGS/DPS.