

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF GENERAL SERVICES
DIVISION OF PURCHASES AND SUPPLY
P.O. BOX 1199
RICHMOND, VIRGINIA 23218-1199**

STATE SURPLUS PROPERTY TRANSFER DOCUMENT

TO: Agency _____ Address _____ _____ Name _____ Phone _____ Title _____ Agency Code _____	FROM: Agency _____ Address _____ _____ Name _____ Phone _____ Title _____ Agency Code _____
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Specific location of Property:	Trans	Agency	Cost	Fund/ Detail	Revenue Source
	136				09999

ITEM NO.	COMM. CODE	ITEM DESCRIPTION	QUANTITY	UNIT	TRANSFER COST	
					UNIT PRICE	TOTAL PRICE
					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.

RECEIVING AGENCY