

COMMONWEALTH OF VIRGINIA
SURPLUS PROPERTY REPORT

Department of General Services, Division of Purchases and Supply
Eighth Street Office Building - 805 East Broad Street
P.O. Box 1199 - Richmond, Virginia 23218-1199

AGENCY CONTROL NO:
DATE:

This is to certify that the item(s) listed are surplus to this agency and that we will maintain same in our care until authorized disposal is received. Further should we find need to withdraw item(s) prior to authorized disposal your office will be appropriately notified. We understand that failure to notify Division Purchases and Supply may place this agency and/or the Commonwealth in legal liability to the bidder/purchaser. The following described State owned property is hereby declared surplus to the needs of this Agency and, pursuant to Section 2.1-457 of the State Code, is being reported for disposal:

1. EXACT LOCATION OF ITEM: Agency's Name
Street Address and/or Building City/State
Person to Contact Phone: (Area Code:)
Phone No. Inspection and Removal Hours:

2. SECTION TO USE FOR REPORTING MACHINES, EQUIPMENT, ELECTRICAL ITEMS AND PARTS FOR SAME, ETC.
Commodity Code: Agency No. Name of Item
Make Model Serial No. Quantity
Capacity/BUT/AMP/Phase/Voltage/Horsepower/Gallons/Etc.
Condition: New : Good : Fair : Poor : Scrap
Is Item: Badly Deteriorated ~ ; Broken ~ ; Wrecked ~ ; Have other Defects ~ - Explain Under Remarks
Date Acquired: New Used Cost \$ From Whom
Agency's Estimated Approximate Present Value:

3. SECTION TO USE FOR REPORTING FURNITURE, FURNISHINGS, OFFICE SUPPLIES, OTHER, MISC., ETC.:
Commodity Code: Agency ID No. Name of Item
Manufacturer Quantity
Brief Description (Such as Wood, Metal, Size, Executive, Secretarial, Etc.)
Condition: New : Good : Fair : Poor : Scrap
Is Item: Badly Deteriorated ~ ; Broken ~ ; Have Other Defects ~ - Explain Under Remarks
Date Acquired: New Used Cost \$ From Whom
Agency's Estimated Approximate Present Value:

4. SECTION FOR REPORTING VEHICLES AND TITLE BEARING EQUIPMENT - (ONE REPORT PER VEHICLE)
Commodity Code: Agency ID No. Year Model Make
Type (Sedan Dump Pickup Station Wagon, Etc.) Quantity
Doors (2 Door or 4 Door, Etc.) Tonnage **Mileage
(**Mileage Information is a Federal and State Requirement, Please be sure to insert.)
Brief Description (Such as Dual or Single Wheels, 2 Wheel or 4 Wheel Drive, Engine Size, Extra Accessories or Missing Parts, Color, Etc.)
Identification and/or Serial No.
Condition: New : Good : Fair : Poor : Scrap
Is Item: Badly Deteriorated ~ ; Broken ~ ; Wrecked ~ ; Have other Defects ~ - Explain Under Remarks
Date Acquired: New Used Cost \$ From Whom
Agency's Estimated Approximate Present Value:
Title No.

(PLEASE BE SURE TO ATTACH TITLE TO THIS REPORT)

5. REMARKS:

Table with 4 columns: Agency, Cost, Fund Detail, Revenue Source. Revenue Source contains 0.9.9.9

By (Authorized Signature and Title) Peter G. Hunt, Vice President of Finance & Administration

Please Type Name Phone No. (434) 949-1005

(Send One (1) Copy of This Report for Each Item or Each Lot of Identical Items)