

**ACQUISTION OF SURPLUS PROPERTY**

\_\_\_\_\_  
Date Control No \_\_\_\_\_

\_\_\_\_\_  
Account Number Cost Center Administrator \_\_\_\_\_  
Phone  
Signature

Inventory Tag #	Quantity	Complete Description	Building & Room (New Location)

\_\_\_\_\_  
Signature of Transferor &  
Date

\_\_\_\_\_  
Signature of Receiver

\_\_\_\_\_  
Date Records Revised & Initials  
of Revisor

**END USER MUST PRINT AND SUBMIT 2 FORMS**

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