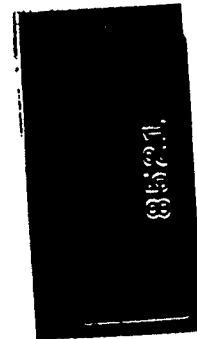


Policy #1410

Attachment 1



INVENTORY # _____

Policy # 1410

Attachment 2

ITEM: _____

BRAND OR DESCRIPTION: _____

SERIAL #: _____ MODEL #: _____

PURCHASED FROM: _____

DATE OF PURCHASE: _____ PAID: _____

COST: _____ CHECK #: _____

LOCATION OF ITEM: _____

Memorandum

To: Distribution

From: Pamela S. Burkett (Business Office)

Date: September 19, 2005

Re: Equipment Status Change Form

The Equipment Status Change Form will be used to transfer or destroy items containing an inventory decal.

To transfer equipment:

1. Place a check mark beside "Transfer".
2. Fill out the Releasing Location information.
3. Have the Program Director sign indicating his/her approval and date.
4. Fill out the Receiving Location information.
5. Have the Program Director sign indicating his/her approval and date.
6. Fill in the decal number for each piece of equipment.
7. Fill in a brief description of each piece of equipment.
8. Send the completed form to Shari Thomas at the Area Admin Office.
9. Exchange equipment as requested.

To destroy equipment:

1. Place a check mark beside "Destruction".
2. Fill out the Releasing Location information.
3. Have the Program Director sign indicating his/her approval and date.
4. Fill in the decal number for each piece of equipment, if applicable.
5. Fill in a brief description of each piece of equipment.
6. Attach the inventory decal for each item to this form or on a separate sheet of paper.
7. Send the completed form and any separate sheets of paper with decals, if applicable to Pamela S. Burkett at the Area Admin Office.
8. Pamela S. Burkett will get the Executive Director's signature and call with the decision to destroy the item(s).
9. Destroy the item(s) and let Pamela S. Burkett know how the equipment was destroyed or disposed of.

DISPOSITION OF PERSONAL/REAL PROPERTY

Part 1:

DATE: _____

CENTER/PROGRAM NAME: _____

CHECK ONE (STATUS CHANGE):

TRANSFER WITH _____ TO: _____ DATE: _____
(Center/Program Name)

SURPLUS _____

DESTRUCTION _____

MISSING/STOLEN _____ DATE FIRST NOTICED MISSING/STOLEN: _____

DESCRIPTION OF ITEM: (What it is/name brand/model & year/serial number)

REASON FOR DISPOSAL:

DECAL NO.: _____

DATE PURCHASED: _____

ORIGINAL COST: _____

FUND SOURCE USED (IF KNOWN): _____

SIGNED: _____

(Center Director)

APPROVAL – I AUTHORIZE DISPOSAL OF THE ABOVE ITEM SUBJECT TO CERTIFICATION FROM INVENTORY SECTION (ATLANTA).

SIGNED: _____

(Inventory Control)

Part 2:

CERTIFICATION – I hereby certify that the above item has been properly retired from use.

Method of disposal: _____
(broken up, crushed, burned, buried)

SIGNED: _____

(Center Director)

INSTRUCTIONS:

Complete top section (Part 1) and submit to Inventory Control (Accounts Payable) for prior approval.

After receiving certification for disposal, complete bottom section (Part 2) and return to Inventory Control (Accounts Payable).

EQUIPMENT STATUS CHANGE FORM/TRANSFER FORM & INVOICE

H 2119

Action Request: <input type="checkbox"/> Transfer <input type="checkbox"/> Surplus <input type="checkbox"/> Destruction <input type="checkbox"/> Stolen <input type="checkbox"/> Missing <input type="checkbox"/> Description Change <input type="checkbox"/> Other (Specify): _____		FOR SURPLUS PROPERTY SECTION USE ONLY
Requesting/Releasing Organization		Receiving Organization
Org #: _____	Locator #: _____	Transaction Number
Division/Office/Unit Name		Division/Office/Unit Name
Street/P.O. Box		Street/P.O. Box
City _____	State _____ Zip _____	City _____ State _____ Zip _____
Auth Signature/Date _____ Phone _____		Auth Signature/Date _____ Phone _____

Line Item	Quan.	Decal No.	Description (Including Make, Model, Serial Number, Etc.)	Condition Good, Fair Poor, Scrap	Funding Info.	Final Disposition
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

COMMENTS:

Approved: _____ _____ Supervisors, Surplus Property Section _____ Date	Released By: _____ _____ Division Property Coordinator _____ Property/Vehicle Management Unit _____ Date	Received By: _____ _____ Signature _____ Title _____ Date
--	--	---

INSTRUCTIONS: Releasing Agency should prepare this form prior to actual transfer to Surplus Property Warehouse. Copies will be distributed by the Surplus Property Section.

INSTRUCTIONS FOR DESTRUCTION

1. Attached is your authorization to either burn or destroy with heavy instrument the equipment listed on your request (Form 5086).
2. After equipment has been properly destroyed, the attached **Affidavit** must be signed, dated and notarized.
3. Return to the **PROPERTY AND MANAGEMENT UNIT** the signed, dated and notarized affidavit along with the request (Form 5086).

PROPERTY & MANAGEMENT UNIT
2 PEACHTREE STREET SUITE 32.270
ATLANTA GA 30303-3142

4. Equipment will not be taken off your inventory until the above paperwork has been received in our office.

NOTE: Please be sure that you have the DEPARTMENT OF HUMAN RESOURCES' Decal Number listed and not the EDP Number (orange sticker).

DESTRUCTION OF SURPLUS PROPERTY

AFFIDAVIT

Ad# _____

I, _____ of _____
(DEPARTMENT/AGENCY)

Do hereby certify that on _____, at _____
(LOCATION)

did cause by either **burning** or **destroying with heavy instrument**, the following listed property to be rendered totally unserviceable to anyone in the future:

(LIST PROPERTY)
SEE ATTACHED 5086 (S) Number

Signed this _____ day of _____ 20 _____, in _____, GA

Name: _____

Title: _____

Sworn to and subscribed to before me this _____ day of _____ 20 _____

in _____, Georgia
(City) (County)

(Signature of Witness)