## **PROPERTY DISPOSITION REPORT**

TO:			URCHASING DIVISION	FROM:	Agency Name:		
	PROPERTY MANAGEMENT PROGRAM 515 E. MUSSER ST., STE 300 CARSON CITY, NV 89701			Contact Name:			
				Phone:	Fax:		
					Property Address:		
DICDO	CITION	A OF DDODED	TY IS EXCESS, BEYOND RI	EDAID I O	CT/CTALEN AD TD	A NCEEDDED/DO	NATED
			ition action must be completed. N				
		ole). <u>Agency must</u> sposition.	obtain disposition approval fron	n Nevada Sta	te Purchasing Property	Management before	e agency may
EX(	CESS to	the needs of this c	lepartment; request pickup by State	e Purchasing.	Point of contact and telep	phone number must b	e provided above.
BEY	YOND I	REPAIR: MUST	PROVIDE DETAILED EXPLA	NATION A	S TO CONDITION TO	RECOMMEND PR	OPERTY TO BE
<u>JUN</u> dispo		emoval of property	is at agencies expense; or contact	Buildings an	d Grounds. Remove State	ID# tag and any Stat	e emblems before
			T: The agency head must be notified circumstances. Agency must proc		-	-	-
			ory for two inventory cycles prior				
		•	explanation of property condition			, ,	
_			AGENCY <u>MUST</u> HAVE PRIOR as before donating. Name of Org				TY. Remove State
	_	-	ST: Duplicate  New (Unit C				
If NI	EW, plea	se provide the agei	ncy account coding, cost and backt			chase, including a cop	y of the invoice
		voucher. AGENCY	ORG ACTIVITY OB	JECT	APPR UNIT LOC	CODE UNIT	COST \$
			een State agencies only; process FO				
			n: To Location: Si				
ELI	ECTRO	NIC RECYCLI	E: To be used only for Non-worl	king Electroi	nics. Once recycling is co	mpleted, return this a	pproved PDR along
with	a copy o	f the receipt or che	eck to remove items from your fixe	d asset inven	tory (If applicable)		
	HER: P	lease provide detai	led explanation.				
	Type	STATE ID#	<u>DETAILED</u>		OFFICE USE ONLY		
(E,U	or X)	D 11112 12 11	DESCRIPTION AND C	CONDITIO	N OF PROPERTY	FC or FD Doc	Warehouse #
		<u> </u>					<u> </u>
Signature of Person completing this form					Print Name and Title		Date
Signature of Agency Approving Authority Print Name and Title							Date