PROPERTY DISPOSITION REPORT

TO: NEVADA STATE PURCHASING DIVISION
PROPERTY MANAGEMENT PROGRAM
515 E MUSSER ST, STE 300
CARSON CITY, NV 89701
PH: (775) 684-0192  FAX: (775) 684-0188
Email completed forms to: sp@admin.nv.gov

FROM: Agency Name: ___________________________
Contact Name: ___________________________
Phone: ___________________________ Fax: _____________
Property address: ___________________________

DISPOSITION OF PROPERTY IS EXCESS, BEYOND REPAIR, LOST/STOLEN OR TRANSFERRED/DONATED

A separate report for each disposition action must be completed. Must provide a complete description of property including condition, State I.D. # (if applicable) and budget account from which the property was originally purchased. Agency must obtain disposition approval from Nevada State Purchasing Property Management before agency may proceed with disposition.

EXCESS to the needs of this department; request pickup by State Purchasing. Point of contact and telephone number must be provided above.

BEYOND REPAIR: MUST PROVIDE DETAILED EXPLANATION AS TO CONDITION TO RECOMMEND PROPERTY TO BE JUNKED. Removal of property is at agencies expense; or contact Buildings and Grounds. Remove State ID# tag and any State emblems before disposal.

LOST/MISSING/STOLEN: The agency head must be notified immediately of lost/missing/stolen items. Please attach a police report or other documentation to describe circumstances. Agency must process a FC document in Advantage noting date of Lost/Missing item(s). Item(s) must remain on agency’s inventory for two inventory cycles prior to processing PDR and item(s) being removed.

DONATION: Please provide explanation of property condition, name of organization, and proof of organization’s tax-exempt status. Agency must obtain a receipt signature from organization receiving property. AGENCY MUST HAVE PRIOR AUTHORIZATION BEFORE DONATING PROPERTY. Remove State ID# tag and any State emblems before donating.

Name of Organization for Donation: ___________________________________________________________

STATE I.D. TAG REQUEST: Duplicate_______ New_______ (Unit Cost > $5,000)
If NEW, please provide the agency account coding, cost and backup documents approving the direct purchase; including a copy of the invoice and payment voucher.
FUND_______ AGENCY_______ ORG_______ ACTIVITY_______ OBJECT_______ APPR UNIT_______
LOC CODE_______ UNIT COST $__________

TRANSFER: Transfers between State agencies only; process FC document for Purchasing approval in ADVANTAGE. Maintain PDR for agency records.
FROM Location: __________ TO Location: ________ Date __________
Signature of Receiving Agency ____________________________________

OTHER: Please provide detailed explanation.

REMINDER: REMOVE ALL TAGS PRIOR TO DONATION OR DISPOSAL.

FA Type (E, U or X) | STATE ID # | DETAILED DESCRIPTION AND CONDITION OF PROPERTY | OFFICE USE ONLY
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_________________________ | __________________________ | __________________
Signature of Person completing this form | Print Name and Title | Date

_________________________ | __________________________ | __________________
Signature of Agency Approving Authority | Print Name and Title | Date