## **PROPERTY DISPOSITION REPORT**

DATA FIELDS WITH A RED BORDER ARE REQUIRED

TO:	NEVADA STATE PURCHASING DIVISION		Agency Nam		
	PROPERTY MANAGEMENT PROGRAM	1	Address:		
	515 E MUSSER ST, STE 300	]	Phone:	F	ax
	CARSON CITY, NV 89701	]	Property add	ress:	
	PH: (775) 684-0192 FAX: (775) 684-0188 Email completed forms to: glandry@admin.nv.gov		Contact:		Ph:
	Zinari compresca rorms to: grandry wadmin.rv.gov				
<u>DISP</u>	OSITION OF PROPERTY IS EXCESS, BEYOND REPA Please complete a separate report for each disposition actio including condition, State I.D. # (if applicable) and budget must obtain disposition approval from Nevada State Pu disposition.	n requested. account fron	Please provide which the pro	a complete descri perty was original	ption of property y purchased. <b>Agency</b>
	<b>EXCESS</b> to the needs of this department. Point of contact and	telephone num	ber must be prov	vided above.	
	BEYOND REPAIR: Recommend property be junked. Provide detailed explanation as to condition. REMOVAL OF PROPERTY TO BE AT AGENCIES EXPENSE OR CONTACT BUILDINGS AND GROUNDS. Remove State ID# tag and any State emblems before disposal.				
	<b>LOST/MISSING/STOLEN:</b> 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.				
	<b>DONATION:</b> 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 <u>MUST</u> HAVE PRIOR AUTHORIZATION BEFORE DONATING PROPERTY. Remove State ID# tag and any State emblems before donating.				
	STATE I.D. TAG REQUEST: Duplicate	New			
	If NEW, please provide the agency account coding and a copy of t  FUNDAGENCYORGAC  LOC CODECOST	the invoice for CTIVITY	all items needing OBJE	g a new tag.  CTAPI	PR UNIT
	TRANSFER: From LOC CODE To LOC CODE Date				
	Signature of Receiving Agency		Da	ate	
	OTHER: Please provide detailed explanation.				
	REMINDER: REMOVE ALL TAGS PRIOR TO	DONATIO	N OR DISPO		
STATE ID#	DETAILED DESCRIPTION AND CONDITION OF PRO		PERTY		USE ONLY
				FC or FD Doc	Warehouse #
Signature of Person completing this form		Print Name and Title		Date	
		<b>.</b>	1		
Signature of Agency Approving Authority		Print Name and Title			Date