

**TURN-IN DOCUMENT (TID)
SURPLUS PROPERTY**

TO: SURPLUS PROPERTY OFFICE
1441 BOSTON AVENUE
WEST COLUMBIA, S.C. 29170

| SPO USE ONLY | |
|------------------------------------|-------|
| SPO CONTROL NO. | _____ |
| DATE SCHEDULED FOR PICKUP/DELIVERY | _____ |

PAGE 1 OF _____

1. DATE MAILED _____ 2. AGENCY REPORT NO. _____ 3. TOTAL A/C/COST \$ _____
4. FROM: AGENCY NO. _____ NAME: _____ ADDRESS: _____
CITY, STATE AND ZIP CODE: _____ TELEPHONE NO. _____
5. REIMBURSEMENTS REQ. YES NO FUND CODE TO BE REIMBURSED (IF ANY) _____
6. AGENCY CONTACT PERSON: NAME: _____ ADDRESS: _____
CITY, STATE AND ZIP CODE: _____ TELEPHONE NO. _____
7. REPORT APPROVED BY: NAME: _____ TITLE: _____ SIGNATURE _____
8. DATE REQUESTED FOR DELIVERY/PICKUP: _____ 9. LOCATION OF PROPERTY: _____
10. RELEASE BY: SIGNATURE (AGENCY) _____ DATE _____
11. SCREENED BY: _____ DATE _____
12. RECEIVED AT SPO: SIGNATURE _____ DATE _____ CYCLE NO. _____
13. SURPLUS PROPERTY LISTINGS: _____

| ITEM NUMBER (A) | COMMODITY CODE (B) | YEAR PURCHASED (I) | DESCRIPTION (D) | DECAL NUMBER (I) | QUANTITY (F) | UNIT OF MEASURE (G) | ACQUISITION COST | | SPO USE ONLY | |
|--------------------|-----------------------|-----------------------|--------------------|---------------------|-----------------|------------------------|------------------|--------------|--|-----|
| | | | | | | | PER UNIT (H) | TOTAL (I) | COND. SERVICE CHG. S OR J (IF APP.) | |
| | | | | | | | | | (J) | (K) |
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Note: Some items that are initially determined to be surplus per S.C. code 19-445-2150 may be considered Surplus based on recyclable value. Once the market has been explored it may be determined that the items have no value and SPO may then determine that such items are "junk" per section H of the code and in such an event the agency will be responsible for further disposition.

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| | | | | | | | PER UNIT (H) | TOTAL (I) | COND. SERVICE CHG. S OR J (IF APP.) | |
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|--------------------|-----------------------|-----------------------|--------------------|---------------------|-----------------|------------------------|------------------|--------------|---|-----|
| | | | | | | | PER UNIT (H) | TOTAL (I) | COND. SERVICE CHG. S OR J (IF APP.) (J) | (K) |
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| | | | | | | | PER UNIT (H) | TOTAL (I) | COND. SERVICE CHG. S OR J (IF APP.) | |
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