

SPO USE ONLY

SPO Control Number:		Date TID Received:		Screened By:	
Screened Date:		Date TID Provided to IC:			

Agency Use

Agency Reimbursement Request (Choose):	Yes	No	Fund Reimbursment Code:		Total A/C Cost \$:	
TID From:	POC Name:	Street Address:			Cell Phone Number:	
	Agency:	City, State ZIP Code:			Email:	
Agency Point of Contact:	POC Name:	Street Address:			Cell Phone Number:	
	Division:	City, State ZIP Code:			Email:	
Physical Location of Property:	POC Name:	Street Address:			Cell Phone Number:	
	Division:	City, State ZIP Code:			Email:	

Property Information

Turn-In Document Created By:		Title:		Signature:		Date:	
Turn-in Document Approved By:		Title:		Signature:		Date:	
Property Released By:		Title:		Signature:		Date:	

Important: TID must be Created and Approved by TWO separate individuals. SPO will not accept any TID Created and Approved by the same individual.

SPO USE ONLY

Received/Picked Up by SPO:		Signature:		Date:	
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Disclaimer: Some items that are initially determined to be surplus per SC 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 in the Code and in such an event, the agency will be responsible for further disposition.

Year Purchased	Property Description <i>If Vehicle: Year, Make, Model, & Mileage</i>	Serial Number/VIN	Internal / SCEIS Asset Number		Quantity	Unit of Measure	Acquisition Cost (Each) \$	Total \$	(S/J)	(SOS)

