

**HIDALGO COUNTY, TEXAS
ASSET TRANSFER FORM**

DEPARTMENT NAME _____ **LOCATION** _____

TRANSFER TO: SURPLUS-DISPOSAL THRU LANDFILL 9999

TRANSFER FROM: HIDALGO COUNTY PLANNING DEPT. 210

PAGE 1 OF 2
TF# _____

CONTACT INFORMATION:
NAME (PRINT) IRMA CELIA CASTILLO **PHONE:** (956)318-2840 **FAX NO.:** (956)318-2844
E-MAIL: irma.castillo@hchcd.org

SAFETY DIVISION (FOR SURPLUS OF VEHICLES):
INITIAL BY STAFF: _____ **DATE:** _____

ORIGINAL SIGNED DOCUMENT TO BE ACCEPTED ONLY
(NO FAXES OR E-MAILED DOCUMENTS WILL BE ACCEPTED)

DESCRIPTION OF ITEM	INVENTORY TAG NO.	SERIAL NO./VIN	CURRENT CONDITION	FIXED ASSET DIVISION USE ONLY					
				PALLET INFO.	ALIO LOC #	FUND NO.	COST	P/U	LOC
1 HON metal filing Cab 4drw w/lock, letter size gray Anderson metal filing Cab 4drw No lock, legal size, Taupe	28044	N/A	B						
2 HON metal filing Cab 4drw w/lock, letter size gray	27591	N/A	B						
3 HON metal filing Cab 4drw w/lock, letter size gray	25139	N/A	B						
4 HON metal filing Cab 4drw no lock, letter size, black	23437	N/A	B						
5 HON metal filing Cab 4drw w/lock, letter size gray	26615	N/A	B						
6 HON metal filing Cab 4drw w/lock, letter size gray	ME001618	N/A	B						
7 Anderson metal filing Cab 5drw No lock, legal sz, bl	4710	N/A	B						
8 HON metal filing Cab 4 drw w/lock, letter size, taupe No Brand Name metal filing Cab 2drw w/lock, 9 letter size Mologany	No Asset #	N/A	B						
10 letter size Mologany Wooden Desk Single Ped 36x72 4drw w/lock, 10 letter size, Mologany (Alyssa's Desk)	No Asset #	N/A	B						

JUSTIFICATION FOR TRANSFER: Damaged items due to flooding of June 2018 Tropical Disturbance

Note: Condition of items: (G) = Good working condition, (F) = Fair condition, and (B) = Broken

The transfer is hereby approved by the Purchasing Agent

PLEASE USE BLUE INK TO SIGN

Person transferring item(s) out:
PRINT NAME: MARTHA L. SALAZAR
SIGNATURE: *Martha L. Salazar*
DATE: 8-2-18

Person receiving Item(s):
PRINT NAME: Irma Celia Castillo
SIGNATURE: *Irma Celia Castillo*
DATE: 8-2-18

Reviewed & Processed by FA Division:
PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____

TO BE INITIALED BY CONTACT PERSON WHEN ITEMS ARE REMOVED FROM THE PREMISES.

DATE _____ **INITIAL** _____

PLEASE SUBMIT ORIGINAL TO THE PURCHASING DEPT. ATTN: FIXED ASSET DIVISION
HIDALGO COUNTY ADMINISTRATION BUILDING - 2812 S. BUSINESS 281, EDINBURG, TX 78539

EFFECTIVE DATE 03/01/13