PURCHASING DEPARTMENT

ASSET TRANSFER FORM

	DEPARTMENT NAME	LOCATION NO.
TRANSFER TO:	Surplus for Destruction	9999
TRANSFER FROM:	HC Precinct 3	123

TF# _____

CONTACT INFORMATION

NAME (print): _____ PHONE: _____ E-MAIL: _____

ORIGINAL SIGNED DOCUMENT TO BE ACCEPTED ONLY *(No faxes or e-mail documents wil be accepted)*

PLEASE SUBMIT ORIGINAL TO THE PURCHASING DEPARTMENT - HIDALGO COUNTY ADMINISTRATION BUILDING - 2812 S. BUSINESS 281, EDINBURG, TX 78539

ITEM NO.	DESCRIPTION OF ITEM	INVENTORY TAG NO.	SERIAL NO. / VIN	CURRENT CONDITION
1	32" SONY, RMT STEREO PIP KV32S25	030187	KV32S25	
2				
3				
4				
5				
6				
7				
8				
9				
10				

IF APPLICABLE, USE ADDITIONAL SHEETS | NO. OF PAGE(S): _____

JUSTIFICATION FOR TRANSFER: _____

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

FIXED ASSET DIVISION USE ONLY

PALLET INFO.	ALIO LOC #	FUND NO.	COST	P/U	LOC

	FROM	TO
DEPT.		
AMOUNT	$	$

PLEASE USE BLUE INK TO SIGN

	PRINT NAME	SIGNATURE	DATE
The transfer is hereby approved by the Purchasing Agent	*MARTHA L. SALAZAR*		
Contact Person transferring item(s) out	Joe M. Flores	[signature]	6/24/19
Person receiving Item(s)			
Reviewed & Processed by Asset Management Division			

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

DATE _____ INITIAL _____

EFFECTIVE MAY 20, 2019

Form CR-2
Asset Transfer Form