

DEPARTMENT NAME _____ LOCATION _____
 TRANSFER TO: SURPLUS FOR DESTRUCTION UNIT 430
 TRANSFER FROM: CONSTABLE PCT 4 294
 TFF# 2019-497

CONTACT INFORMATION: NAME (PRINT) JAIMIE GAMBOA 956-383-8560 FAX NO.:
 E-MAIL: jaimie.gamboa1@co.hidalgo.tx.us

SAFETY DIVISION (FOR SURPLUS OF VEHICLES):
 ORIGINAL SIGNED DOCUMENT TO BE ACCEPTED ONLY
 (NO FAXES OR E-MAILED DOCUMENTS WILL BE ACCEPTED)

POSTED
 10/31/13

DESCRIPTION OF ITEM	INVENTORY TAG NO.	SERIAL NO./ VIN	CURRENT CONDITION	PALLET INFO.	ALIO LOC #	FUND NO.	COST	P/U
1 COBSYNC CAMERA MODEL TL05-1 PART 1 C		11FE00017	B	DL	1100			
2 COBSYNC MODEL I0SD PART BBX-I0S-000			B	DL	1100			
3 S/N 01KEH090017				DL	1100			
4								
5								
6								
7								
8								
9								
10								

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

PLEASE USE BLUE INK TO SIGN

The transfer is hereby approved by the Purchasing Agent
 MARTHA L. SALAZAR
 PRINT NAME
 Signature
 DATE 10-30-13

Contact Person transferring item(s) out
 HORALDO SANCHEZ
 PRINT NAME
 Signature
 DATE 10/30/13

Person receiving item(s)
 Signature
 DATE 10/30/13

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

DATE _____ INIT _____

EFFECTIVE DATE 03/01/13

DEPT.	FROM	TO
294		9999
AMOUNT \$		\$

MIDTAC™

