

Department of Executive Services

Fleet Services Division

**SURPLUS TRANSFER FORM**

**NOTE:** **Items with Tag numbers and/or Serial Numbers need to be listed individually.**

|  |  |  |  |
| --- | --- | --- | --- |
| KING COUNTY TAG # | SERIALNUMBER | ITEM DESCRIPTION | ASSET CONDITION  |
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**Sending Agency** **Receiving Agency**

 **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

 **PICK UP/DELIVERY LOCATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Signature Date Contact Signature Date**

**Printed Name Phone Printed Name Phone**

**For internal use only**: FIXED ASSETS ENTRY DATE \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ENTERED BY: \_\_\_\_\_\_\_\_\_\_ WORK ORDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_