

**CONFIRMATION OF PERSONAL PROPERTY
REPORTED FOR DISPOSAL ACTION**

DATE

INSTRUCTIONS

The attached reporting documents listed in Section I below submitted by your agency have been received by this office for sales action. In order to expedite sales action, please provide the information requested in Section II and return this form to the address printed at bottom of page.

TO: (Agency name and complete mailing address)

*NO SALES ACTION
WILL BE TAKEN
UNTIL THE INFORMATION
REQUESTED IN SECTION II
OF THIS FORM IS
PROVIDED.*

 (Fold Here)

SECTION I - TO BE COMPLETED BY REQUESTING GSA ACTIVITY

AGENCY REPORT NUMBER

ITEM NUMBERS

SALES MANAGER 

SIGNATURE

SECTION II - TO BE PROVIDED BY REPORTING AGENCY

- 1. IS PROPERTY LISTED ABOVE AVAILABLE AS ORIGINALLY REPORTED? YES? NO? DELETE ANY ITEM NUMBERS THAT ARE NO LONGER AVAILABLE
- 2. CURRENT QUANTITY OF ANY ITEM WHOSE QUANTITY HAS CHANGED.
- 3. CURRENT CONDITION OF ANY ITEM ABOVE WHOSE CONDITION HAS CHANGED. DESCRIBE ALL DEFICIENCIES.
- 4. THE EXACT LOCATION OF THE PROPERTY (COMPLETE WITH STREET ADDRESS AND ZIP CODE).
- 5. THE NAME AND COMMERCIAL TELEPHONE NUMBER OF THE PROPERTY CUSTODIAN.
- 6. THE ACQUISITION COST FOR EACH LINE ITEM.
- 7. THE CORRECT REPORT NUMBER (FEDSTRIP) WITH THE JULIAN DATE.
- 8. IS THE PROPERTY EXCHANGE/SALE? YES? NO? IF YES, PROVIDE APPROPRIATE/FUND SYMBOL; STATION PROPERTY SYMBOL/ACCOUNT NUMBER; AGENCY LOCATION CODE.
- 9. IS SALE OF PROPERTY REIMBURSABLE? YES? NO? IF YES, PLEASE CITY AUTHORITY. _____
PROVIDE APPROPRIATION/FUND SYMBOL; STATION PROPERTY SYMBOL/ACCOUNT NUMBER; AGENCY LOCATION CODE.
- 10. WILL GOVERNMENT LOAD? YES? NO? IF YES, TO WHAT EXTENT?
- 11. PLEASE PROVIDE COMPLETE ITEM DESCRIPTIONS, INCLUDING: _____
- 12. OTHER _____

**PLEASE RETURN THE CORRECTED REPORT(S) WITH THIS SHEET ATTACHED TO THE ADDRESS BELOW BY _____
IF FURTHER ASSISTANCE IS NEEDED, PLEASE FEEL FREE TO _____ ON _____**

**RETURN
TO:**

This form may be mailed
in a window envelope