## State of Rhode Island REPORT OF SURPLUS FIXED ASSETS

FA-70 Number	

ACCOUNT NUMBER:					DATE:			
					_ DIVISION:			
_		NE BOX I		ANSFERRED TO THE STATE SURPLUS WAREHOUS		DIATE DISPOSITI	ON	
				ONDITION- REPORTING AGENCY REQUESTS AUTH			ON	
EM NO.	UNIT	QTY	СС	DESCRIPTION OF EACH ASSET	SERIAL#	BARCODE#	ACQUISI UNIT	TION COST EXTENDED
mputer cert	ification: I,			, certify that all personal/sensitive data contained on contended on contended on Contended Agent or Officer of Information Technology Authorized Agent)	omputer system hard	drives has been remo	ved.	
=PARTME	NT/AGEN	CY HEAD	AUTHOR	IZED AGENT TITLE		_	DATE	
	DI 110 DD	OPERTY S	NONATU	RE PROPERTY RECEIPT DATE		_		

## **INSTRUCTIONS FOR STATE FORM FA-70**

Complete all necessary sections and submit one copy via fax to Surplus Property (462-4250) and one copy to the Fixed Asset Unit Office of Accounts and Controls (Fax 222-6437).

**FA-70 NO:** Leave blank (to be assigned by SASP).

**ACCOUNT NUMBER:** Account number used to purchase item (if unknown put N/A).

**DATE:** Day on which you complete form FA-70.

**DEPARTMENT/AGENCY:** Name of holding Department/Agency reporting the property surplus.

**DIVISION:** Division of Department/Agency reporting property surplus.

**CHECK ONE BOX BELOW:** Check appropriate box.

**ITEM NO:** List items in numerical sequence.

UNIT: Unit of issue i.e. Each (Ea.) Pair (Pr) Drum (Drm) Feet (Ft) Pounds (Lbs.).

**QUANTITY (QTY):** Number of units reported of line item.

**CONDITION CODE (CC):** (1) New (2) Good (3) Fair (4) Poor (5) Scrap.

**DESCRIPTION:** Describe item (include make, year, model, where applicable).

**SERIAL NUMBER:** (Where applicable).

**BARCODE:** (Where applicable).

**ACQUISITION COST:** The cost of the unit at the time of purchase (if unknown please estimate).

**COMPUTER CERTIFICATION:** Authorized Agent must sign, certifying that all personal/sensitive data contained on computer system hard drives has been removed. (For assistance contact OFFICE OF INFORMATION TECHNOLOGY)

**DEPARTMENT/AGENCY HEAD AUTHORIZED AGENT:** The signature of the Department/Agency head or his authorized agent. (as designated on State Agency For Surplus Property Application)