

TRANSFER ORDER SURPLUS PERSONAL PROPERTY	1. ORDER NUMBER(S) a. _____ b. _____	FORM APPROVED OMB NUMBER 3090-0014	PAGE 1 OF _____ PAGES
2. TYPE OF ORDER <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> DOD(SEA) <input type="checkbox"/> FAA	3. SURPLUS RELEASE DATE	4. SET ASIDE DATE	5. <input type="checkbox"/> NON-REPORTABLE <input type="checkbox"/> REPORTABLE

7. TO: GENERAL SERVICES ADMINISTRATION (FPRS) *	8. LOCATION OF PROPERTY
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9. HOLDING AGENCY (Name and address) *	10. FOR GSA USE ONLY
	SOURCE CODE <input type="checkbox"/>
	STATE <input type="checkbox"/> <input type="checkbox"/> CITY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	TYPE OF DONATION <input type="checkbox"/> <input type="checkbox"/>
	ADJUSTED ALLOCATION CODE <input type="checkbox"/> <input type="checkbox"/>

11. PICKUP OR SHIPPING INSTRUCTIONS *

12. SURPLUS PROPERTY LIST							
L/I NO. (a)	IDENTIFICATION NUMBER(S) (b)	DESCRIPTION (c)	DEMIL. CODE (d)	COND. CODE (e)	QUANTITY AND UNIT (f)	ACQUISITION COST	
						UNIT (g)	TOTAL (h)

13. TRANSFEREE ACTION Transferee certifies and agrees that transfers and donations are made in accordance with 41 CFR 101-44, and to the terms, conditions, and assurances as specified on this document.	a. TRANSFEREE (Name and address of State Agency, SEA, or public airport) *	b. SIGNATURE AND TITLE OF STATE AGENCY OR DONEE REPRESENTATIVE	c. DATE
		d. SIGNATURE OF HEAD OF THE SEA (School or National Headquarters)	e. DATE
14. ADMINISTRATIVE ACTION I certify that the administrative actions pertinent to this order are in accordance with 41 CFR 101-44 and as specified on this document have been and are being taken.	a. DETERMINING OFFICER (DOD or FAA) *	b. SIGNATURE OF DETERMINING OFFICER	c. DATE
	d. GSA APPROVING OFFICER	e. SIGNATURE OF APPROVING OFFICER	f. DATE