INVENTORY TRANSFER REQUEST

Form shall be filled out **COMPLETELY** and submitted to Purchasing for approval.

When an ITR Form is received, if applicable Purchasing will make a recommendation to Commissioners' Court for the item.

Date of Request:	Inventory Tag/Unit	#: [If applicable]	Description:	
Department Information:	Department Name	 Name of Emplo	oyee Completing the Form	Employee Phone #
Serial/Vin#:	Manufa	cturer:	Model/Year	.:
Est value of item when purchase	ed: <u>\$</u>	Was this item pเ	urchased with grant funds	s? YES NO
The above mention	ied item needs to b	e transferred	or removed for the re	eason below.
	 Departn	nent Head Signa	ture	
Select one of the following: Salvage (broken/consumed beyond repair)				
Surplus (no longer useful to your office, but is still in working condition) Attach Image if you are able				
	To be placed in Auction			
Is Transferring to:				
Name of Department & Contact Person				
Check here if you'd like so provide the following:	e this item to be pic	ked-up on the	e next monthly Surplus	s Round-Up date, if
·	Adc	dress where item is	located AND ROOM NUMBER	
For items obtained by seizure/for criminal codes before submitting the	·	-		
SPECIAL INSTRUCTIONS FOR AUCT For vehicles and other types of equal Sheet (VIS), found on the County NITR and digital images. Before place Name. All County logos and/or defined the second sec	uipment going to auctior Website under Purchasin ing a vehicle or piece of e	ng, must be compl equipment in auct	leted and returned to Purch tion the item must first be to	nasing in addition to the itled in Liberty County's
For Purchasing Use Only				
Received on:	Approved in CC on	1:	Date of Pick-up	p: