

**The School Board of Broward County, Florida
Capital Assets Activity form
Surplus Declaration Transfer**

*SURPLUS (Principal / Director authorization signature required)

TRANSFER (both issuing and receiving Principal / Director authorization signatures required)

Submit Surplus / Transfer Form to B-stock

Removal Assistance Required YES NO

Issuing Location #: _____
Location Name: _____
Contact Name: _____
Phone #: _____

Receiving Location #: _____
Location Name: _____
Contact Name: _____
Phone #: _____

BPI Number <i>Refer to Asset Record download as needed</i>	Serial Number	Model Number	Equipment Description	Obsolete	Broken

Equipment Transfer / Surplus Approved by: _____ Date: ___ / ___ / ___ Released by: _____ Date: ___ / ___ / ___
Principal / Director (per Policy 3204) Please Print Name, Title

Receipt of Transfer Acknowledged by: _____ Date: ___ / ___ / ___
Principal / Director (per Policy 3204)

Item(s) Delivered by: _____ Date: ___ / ___ / ___
Please Print Name, Title

**Instructions for completing the Capital Assets Activity Form
3290a Surplus Declaration / Transfer**

Check **SURPLUS** or **TRANSFER** if items are to be removed from a location

- **Surplus** - When removing obsolete, *unusable* assets.
- **Transfer** -When transferring items from one location to another School Board of Broward County location.
- **Removal assistance required** – By checking the box, locations are requesting transfer assistance from the Supply Management & Material Logistics B-stock Department (754-321-2850).

Information on fields:

- A. **Issuing Location #**-Four digit number identifying location initiating the request.
Location Name – Enter full name of school or department.
Contact Name –Print name of the person at the location to contact if questions develop.
Phone #– Enter phone number of contact person at the location.
- B. **Receiving Location #** -Four digit number identifying location receiving the equipment.
Location Name – Enter full name of school or department.
Contact Name-Print name of the person at the location to contact if questions develop.
Phone #– Enter phone number of contact person.
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- C. **BPI Number** (if applicable) – Identifying number assigned by Financial Reporting- Capital Assets Division, refer to Master File of Assets Record Download (PNI 811) as needed.
- D. **Serial Number** – Enter manufacturer’s serial number, to Master File of Assets Record Download (PNI 811) as needed.
- E. **Model Number** – Enter model number of item.
- F. **Equipment Description** – Brief description of item as listed in the Master File of Assets.
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- G. **Equipment Transfer/Surplus Approved by** – Signature of Principal / Department Director authorizing the transfer or surplus disposal of assets for a designated location.
Date – Enter the date on which the Principal / Department Director approves the transfer or surplus of the asset(s).
- H. **Equipment Transfer/Surplus Released by** – Signature of person/location contact present when releasing the asset for physical removal from a location to a School Board approved removal agent, Print Name.
Date – Enter date the transfer/surplus was released.
- I. **Transfer Received By** – Signature of Principal / Department Director recognizing receipt of the transferred item(s) into the newly assigned location.
Date – Enter date the transfer was received.
- J. **Transfer Delivered By** – Signature of person delivering transferred item, Print Name.
Date – Enter the date the transfer was delivered.

NOTE: A Verification document of removal/pick-up should be obtained by the location from the SBBC approved removal agent and retained for Audit Purposes (SURPLUS).