

SD Asset Retirement & Transfer Form

BOA-PM-TR001 REV 12/2017



SD Property Management
 1320 E Sioux Ave | Pierre, SD 57501
 605.773.3223
surplus.property@state.sd.us

Asset Number:	
Equipment Number:	
Estimated Value: <i>(optional)</i>	
CAFR Reporting Group	

DATE:

AGENCY:

PROP MGMT OFFICER:

CONTACT #:

Submitted by:

4 Digit Company # (funds used for purchase):

*Reimbursable Yes (company 1000/General Funds will not be reimbursed)

Date Available *(optional)*:

<i>Property Management use only</i>	
Prop Mgmt Log #	
Retire Date: Fiscal YYYY-MM	
Retire Code:	
Gross Proceeds:	
Sale Expense:	
Retire Price:	

Year:		Make:		Product/Model:	
Notes (condition, further details, etc.):					
Acquire Date:		Serial/VIN:			
Original Cost:		Asset Location:			
Retire Code:	910 Retire/Donate	920 Salvage	930 Destroyed	940 Trade In	
	950 Stolen	960 Lost	970 BIT Repair Ctr	980 Surplus	990 Error

INSTRUCTIONS: A tag must accompany all assets – (excluding heavy equip, vehicles) A Property Management number will be assigned and sent to the Property Management Officer. **A TAG MUST BE AFFIXED TO THE ASSET PRIOR TO IT LEAVING YOUR AGENCY.**

***5-24A-13. Retention and disposition of sales proceeds.** Any money derived from the sale of public personal property shall be retained in a revolving account. This revolving account shall be used to pay the administrative expenses pertaining directly to the transportation, sale, and storage of surplus public personal property. Any money derived from the sale of property acquired by dedicated funds, internal service funds, or property inventoried by constitutional institutions, less the administrative expenses pertaining directly to the transportation, storage, and sale of such property shall be returned to the respective fund or institution.

To be completed by Receiving Agency

TRANSFER OF ASSET (To another Agency at no charge)	Prop. Mgmt. Officer:	
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Company/Fund* <u>Level 4</u>	Program* <u>Level 5 & 6</u>	Funding Source <u>Level 7</u>	Sub Fund <u>Level 8</u>



SOUTH DAKOTA PROPERTY MANAGEMENT

South Dakota Bureau of Administration
1320 E. Sioux Avenue
Pierre, South Dakota 57501
(605) 773-4935 Fax: (605) 773-3837

Internal Use Only

Fair Market Value: _____

Comments: _____

EQUIPMENT CONDITION REPORT

AGENCY INFORMATION			
Agency:	EQUIP #:	VIN/SN:	Asset #:
Location of Equipment:		Overall Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

VEHICLE INFORMATION					
Year:	Manufacturer:	Model:	Body Style:		
# of Axles:	<input type="checkbox"/> 4x2 <input type="checkbox"/> 4x4 <input type="checkbox"/> AWD <input type="checkbox"/> 6x4 <input type="checkbox"/> 6x6	Mileage/Hours:	Odometer Accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pickups: <input type="checkbox"/> Regular Cab <input type="checkbox"/> Service Body	<input type="checkbox"/> Ext. Cab <input type="checkbox"/> Flat Bed	<input type="checkbox"/> Crew Cab <input type="checkbox"/> Topper	Options: <input type="checkbox"/> Power Seats <input type="checkbox"/> Power Windows	<input type="checkbox"/> Power Locks <input type="checkbox"/> Cruise Control	<input type="checkbox"/> Police Package

MECHANICAL INFORMATION			
Engine:	Cylinders: <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8	Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> E-85 <input type="checkbox"/> Diesel	Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual # of Gears:
Liter:	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> 2 Stroke <input type="checkbox"/> 4 Stroke Engine Model Year if Outboard:	Operating Condition: <input type="checkbox"/> Starts and Runs <input type="checkbox"/> Is NOT Drivable	
Known Mechanical Issues:			

EXTERIOR CONDITION		
Body:		
Windows: <input type="checkbox"/> Cracked Windshield Location:	<input type="checkbox"/> Missing/Broken Glass	Decals Removed: <input type="checkbox"/> Yes <input type="checkbox"/> No

TRAILERS/MOWING DECK	
Type:	Deck Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Damaged
Size:	Damage Description:

REMARKS: Note any additional comments, dimension, capacities, attachments, or equipment below. (i.e. PTO, 3 pt. hitch, etc.)

Form Completed by:	Phone #:
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