

FA-70 Number _____

State of Rhode Island
REPORT OF SURPLUS FIXED ASSETS

ACCOUNT NUMBER _____ DATE _____
 DEPARTMENT/AGENCY NAME _____ DIVISION _____

PLEASE CHECK ONE BOX BELOW:

☐ PROPERTY LISTED WILL BE TRANSFERRED TO THE STATE SURPLUS WAREHOUSE FOR APPROPRIATE DISPOSITION
☐ PROPERTY LISTED IN SCRAP CONDITION- REPORTING AGENCY REQUESTS AUTHORITY FOR DISPOSAL

ITEM NO.	UNIT	QTY	CC	DESCRIPTION OF EACH ASSET	SERIAL #	BARCODE #	<u>ACQUISITION COST</u>	
							UNIT	EXTENDED

Computer certification: I, _____, certify that all personal/sensitive data contained on computer system hard drives has been removed.
 (Dept. Head Authorized Agent or Officer of Information Technology Authorized Agent)

DEPARTMENT/AGENCY HEAD AUTHORIZED AGENT_____
TITLE_____
DATE_____
STATE SURPLUS PROPERTY SIGNATURE_____
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)