



INSTRUCTIONS FOR COMPLETING THE CITY OF TULSA SURPLUS PROPERTY FORM

The following information is required:

1. **Department Name:** Enter the name of the department who owns the asset.
2. **Section Number:** Enter the 4-digit number of the section who owns the asset.
3. **Address:** The address where the asset was physically “parked”.
4. **Dept. EQ#:** If a department assigned a tracking number OTHER THAN a fixed asset number, please enter the number in this space.
5. **Fixed Asset Number** (if any):
 - a. You may use the form for EITHER a fixed asset OR non-capital assets, but you may not combine the two types of equipment and supplies on one form.
 - b. Only one fixed asset may be listed per form. Use the space designated for capital assets only.
6. **Description:** Provide as much description about the asset as possible. Include the model number, serial number, and any other identifying information.
7. **Contact Person & Phone Number:** Provide an appropriate contact that is knowledgeable about the item(s) being surplus.
8. **Purchasing Fund Number:** Enter the fund number from which the item(s) was purchased.
9. **Non-Capital Assets:** Equipment and supplies that are NOT considered fixed assets and do NOT have a fixed asset number assigned are to be listed in this section.
 - a. You may list UP TO 10 NON-CAPITAL-ASSETS per form.
 - b. **Identical** equipment can be listed as one item as long as you list the quantity. (For example:
 - 1-Echo PB620 Backpack Blower-qty 6
 - 2-General 210 Auger-qty 2
 - 3-HP CRT 17” Computer Monitor-qty12
 - 4-IBM Selectric II typewriter-qty 3
 - 5-Chairs; Gray fabric, stacking-qty 16
10. **Signature:** Only signatures by a department head or his/her designee that is specifically authorized to sign surplus forms is acceptable.
11. **Print:** Three (3) copies of the form will automatically print. **Only the top copy (surplus copy) is required to have the authorized signature.** All three copies are to be sent with the item(s) to the surplus facility. The department copy will be returned to the department marked received for record keeping purposes. The other two (2) copies will be routed where needed by the surplus coordinator.

Note: The surplus facility does not provide delivery service. Departments are responsible for the delivery and unloading of surplus items. If there are numerous, bulky, and/or heavy items, please send appropriate staff to assist with unloading. The surplus facility has forklifts available for use.

The surplus facility is open Monday through Friday, 8:00am to 3:00pm. No appointment is necessary, but calling ahead to let the coordinator know about a delivery is advised.

Any questions may be directed to the surplus coordinator at 918-596-7548.

Note: Fund codes have changed in the new Munis system. Please note the following changes:

Old Fund #	New Munis #	Fund Description	Old Fund #	New Munis #	Fund Description
1080	100	E 911 Operating	3623	730	TARE Refuse Operating
2420	120	Short Term Capital	7010	560	Stormwater Enterprise Fund
2910	477	Mun. Empl. Pension	7020	740	TMUA Water Operating
3001	601	River Park Authority	7030	750	TMUA Sewer Operating
3006	952	TDA Operating Fund	7050	570	Golf Course
3101	710	Unclaimed Property	8030	503	Equipment Management Service
3405	612				

REQUEST TO SURPLUS PROPERTY

THIS FORM MUST BE FILLED IN *ON-LINE*

<http://doclib.cityweb.gov/docs/Finance/Purchasing/Forms>

DEPARTMENT (Required Field)		SECTION NO (Required Field)	DEPT INDIVIDUAL USE	DATE PREPARED
ADDRESS		ROOM NUMBER	SIGNATURE: DEPT HEAD or DESIGNEE (Must be on purchasing copy-for capital AND non)	
CITY	STATE	ZIP	Department head/designee signature is required on surplus copy only. Electronic signatures are accepted.	
DEPT EQ #	FIXED ASSET NO.	FUSS SCORE (If Vehicle)		
SOFTWARE STATUS (required if IT equipment) <input type="checkbox"/> Yes, software and OS removed			DEPARTMENT USE ONLY - SERVER NAME	
PRESENT LOCATION OF EQUIPMENT				
CONTACT PERSON & PHONE # (Required Field)				
PREPARED BY (if different than contact name)			MODEL NO/NAME (required)	
PURCHASING FUND (Required Field) – check one or enter other fund #; look on Capital Assets Central for correct fund) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			SERIAL NUMBER	
			REASON FOR SURPLUS/CONDITION (required)	

NON-CAPITAL ASSETS CAN BE LISTED BELOW (no more than 10 per form)

- | | |
|-----|-------|
| 1 1 | 6 1 |
| 2 1 | 7 1 |
| 3 1 | 8 1 |
| 4 1 | 9 1 |
| 5 1 | 1 0 1 |

COMMENTS

INSTRUCTIONS AND DISTRIBUTION

AFTER PRINTING CHECK ONE EACH OF THE BOXES BELOW, PLACE IN ORDER OF LIST BELOW, STAPLE, SUBMIT PER YOUR DEPARTMENT POLICY

Surplus Copy

Fixed Assets Copy

Department Copy

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Barcoded fields appear with various fields

DEPARTMENT (Required Field)		SECTION NO (Required Field)	DEPT INDIVIDUAL USE	DATE PREPARED
ADDRESS		ROOM NUMBER		
DEPT EQ #	FIXED ASSET NO	FUSS SCORE (If Vehicle)	DESCRIPTION (required -include Brand of equipment - FOR CAPITAL ASSETS ONLY)	
SOFTWARE STATUS (required if IT equipment) <input type="checkbox"/> Yes, software and OS removed			DEPARTMENT USE ONLY - SERVER NAME	
PRESENT LOCATION OF EQUIPMENT				
CONTACT PERSON & PHONE # (Required Field)				
PREPARED BY (if different than contact name)			MODEL NO/NAME (required)	
PURCHASING FUND (Required Field) – check one or enter ther fund #; look on Capital Assets Central for correct fund) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			SERIAL NUMBER	
			REASON FOR SURPLUS/CONDITION (required)	

NON-CAPITAL ASSETS CAN BE LISTED BELOW (no more than 10 per form)

- | | |
|----|-----|
| 1] | 6] |
| 2] | 7] |
| 3] | 8] |
| 4] | 9] |
| 5] | 10] |

Comments

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DEPARTMENT (Required Field)		SECTION NO (Required Field)	DEPT	INDIVIDUAL USE	DATE PREPARED			
ADDRESS		ROOM NUMBER						
DEPT EQ #	FIXED ASSET NO	FUSS SCORE (If Vehicle)	DESCRIPTION (required -include Brand of equipment - FOR CAPITAL ASSETS ONLY)					
SOFTWARE STATUS (required if IT equipment) <input type="checkbox"/> Yes, software and OS removed			DEPARTMENT USE ONLY - SERVER NAME MODEL NO/NAME (required) SERIAL NUMBER REASON FOR SURPLUS/CONDITION (required)					
PRESENT LOCATION OF EQUIPMENT								
CONTACT PERSON & PHONE # (Required Field)								
PREPARED BY (if different than contact name)								
PURCHASING FUND (Required Field) — check one or enter other fund #; look on Capital Assets Central for correct fund) <table style="width:100%; border:none;"> <tr> <td style="width:50%;"><input type="checkbox"/></td> <td style="width:50%;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

NON-CAPITAL ASSETS CAN BE LISTED BELOW (no more than 5 per form)

- | | |
|----|-------|
| 1] | 6 1 |
| 2] | 7 1 |
| 3] | 8 1 |
| 4] | 9 1 |
| 5] | 1 0 1 |

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