



STARR COUNTY AUDITOR'S OFFICE

DISPOSAL OF SURPLUS INVENTORY

Department: _____

Date: _____

Location: _____

Date Acquired	Cost	Serial/VIN Number	Inventory Description (Year, Make & Model)

Condition : Damaged Operational New

Reason : _____

Commissioner Court Approval Date: ____ / ____ / ____

Disposal Date: ____ / ____ / ____

Method: Auction Price \$ _____

Trade-In Value \$ _____

Donation

Theft

Inter-Agency Transfer _____
(Department Name)

(Signature of Receiver Acknowledgement)

Department Head Name

Date