

REPORT OF PERSONAL PROPERTY FOR SALE

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1. FROM (NAME, ADDRESS AND ZIP CODE OF OWNING AGENCY)	2. REPORT NO.	3. DATE
	4. FSC GROUP	5. TOTAL ACQUISITION COST
6. PUBLIC MAY INSPECT PROPERTY BY CONTACTING (NAME, ADDRESS, ZIP CODE AND TELEPHONE NO.)	7. PROPERTY LOCATED AT	
8. TO General Services Administration	9. LOAD-ING BY GOV'T	a. ACTIVITY WILL LOAD FOR PURCHASER <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO b. EXTENT (IF CHECKED "YES")
	10. PROPERTY IS EXCHANGE/SALE <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO	11. PROPERTY IS REIMBURSABLE <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO
12. SEND EXECUTED SALES DOCUMENTS TO (NAME, ADDRESS AND ZIP CODE)	13. DEPOSIT PROCEEDS TO (APPROPRIATE FUND SYMBOL AND TITLE)	
	14. STATION DEPOSIT SYMBOL OR STATION ACCOUNT NUMBER	
15. UTILIZATION AND DONATION SCREENING REQUIREMENTS COMPLETED. PROPERTY IS AVAILABLE FOR SALE	BY (SIGNATURE AND TITLE)	

16. PROPERTY LIST (USE CONTINUATION SHEET, IF NECESSARY)						
ITEM NO.	ITEM NO. ASSIGNED BY GSA	COMMERCIAL DESCRIPTION AND CONDITION	UNIT	NUMBER OF UNITS	ACQUISITION COST	
					PER UNIT	TOTAL
(a)	(b)	(c)	(d)	(e)	(f)	(g)

17. RECEIPT OF PROPERTY AT GSA SALES SITE OR CENTER ACKNOWLEDGED		18. RECEIPT OF REPORT IS HEREBY ACKNOWLEDGED	
SIGNATURE AND TITLE	DATE	SIGNATURE AND TITLE	DATE

FOR GSA INTERNAL USE ONLY

19. SALE NO.	20. TYPE OF SALE	21. INSPECTION DATES	22. ICD OPENING DATE AND TIME
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**REPORT OF PERSONAL PROPERTY FOR SALE
 (CONTINUATION SHEET)**

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FROM (Name and address of owning agency. Please Include ZIP Code)

FSC GROUP

REPORT NO.

PROPERTY LIST

ITEM NO. (a)	ITEM NO. ASSIGNED BY GSA (b)	COMMERCIAL DESCRIPTION AND CONDITION (c)	UNIT (d)	NUMBER OF UNITS (e)	ACQUISITION COST	
					PER UNIT (f)	TOTAL (g)