

## Section 10 – Forms

Agreement to Take State-Owned Property Out of the Workplace - <a href="http://mn.gov/admin/images/AgreementStatePropOutOfWorkPlace.doc">http://mn.gov/admin/images/AgreementStatePropOutOfWorkPlace.doc</a>
Gift Acceptance Form - <a href="http://mn.gov/admin/images/GiftForm.docx">http://mn.gov/admin/images/GiftForm.docx</a>
Intra-Agency Transfer - <a href="http://mn.gov/admin/images/IntraAgencyTransfer.docx">http://mn.gov/admin/images/IntraAgencyTransfer.docx</a>
Property Disposition Request - <a href="http://mn.gov/admin/images/Surplus_Property_Disposition_Request.doc">http://mn.gov/admin/images/Surplus_Property_Disposition_Request.doc</a>
State Employee's Personal Property - <a href="http://mn.gov/admin/images/Surplus_StateEmployeePersonalProperty_Form.pdf">http://mn.gov/admin/images/Surplus_StateEmployeePersonalProperty_Form.pdf</a>
Stolen, Lost, Damaged, or Recovered Property Report - <a href="http://mn.gov/admin/images/Surplus_StolenLostDamaged_Report.doc">http://mn.gov/admin/images/Surplus_StolenLostDamaged_Report.doc</a>
Surplus Property Sealed Bid Form - <a href="http://mn.gov/admin/images/Surplus_Sealed_Bid_Form.doc">http://mn.gov/admin/images/Surplus_Sealed_Bid_Form.doc</a>
Bid Tabulation Sheet - <a href="http://mn.gov/admin/images/BIDTABULATIONSSHEET.docx">http://mn.gov/admin/images/BIDTABULATIONSSHEET.docx</a>





## MINNESOTA ACCOUNTING AND PROCUREMENT SYSTEM

### Gift Acceptance Form

Department of Finance  
400 Centennial Building  
658 Cedar Street  
St. Paul, MN 55155  
Phone: (651) 296-5900  
Fax: (651) 296-8685

SUBMIT TO:  
Treasury Division  
#303 Administration Building  
50 Sherburne Avenue  
St. Paul, MN 55155  
Phone: (651) 296-7091  
Fax: (651) 296-8615

Pursuant to Minnesota Statutes Section 7.09 as amended (and agency-specific statutes),

Donor's Name (please print)	Donor's Signature
Donor's Address	City, State, Zip Code
Donor's Phone Number	

Offers the State of Minnesota the following: (describe the gift, conditions, and purpose--attach additional information if necessary).

I, the Agency Head (or Agency-authorized Representative), request approval to accept the above gift. The Agency Head is required to sign below. The State of Minnesota will not be obligated in any way by acceptance of this gift.

Agency Head's Signature	Agency	Date
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I, the Commissioner of Finance of the State of Minnesota, hereby have determined that it is in the interest of the state to approve and accept this gift.

Authorized Signature	Date
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DISTRIBUTION: Agency (original), Treasury Division and the donor (copies).

## Intra-Agency Transfer

<b>Section 1: Effective Date of Transfer</b> _____ (mm/dd/yy)			
<b>Section 2: Intra-Agency Transfer :</b>			
Transferred From _____			
Transferred To _____			
<b>Section 3: Description</b>			
Asset #	Description (Include Serial #, Model #, PO # and any other identifiers)	Location	Book Value
<b>Section 4: Comments or Explanation of Transfer</b>			
<b>Section 5: Transfer Authorization (Sending Unit)</b> I certify that this is state-owned property and is not subject to any lien, restriction or other encumbrance.		<b>Section 6: To Be Completed By Receiving Unit</b>	
Signature:		Signature:	
Title:		Title:	
Phone #:		Phone #:	
Date Shipped:		Date Received:	
Asset Coordinator Signature:		Asset Coordinator Signature:	
Date:		Date:	

Copies of the completed form must be retained by the sending and receiving asset coordinators.

# Property Disposition Request



Department of Administration

Fleet & Surplus Services

## Property Disposition Request

Email completed form to [surplus.services@state.mn.us](mailto:surplus.services@state.mn.us) or fax to 651-639-4026.

Department/Agency:		Division:		Section:		Date:	
Address:		City, State, Zip Code:		Contact Person:		Phone:	
Recommended Disposition:		<input type="checkbox"/> To Surplus Services	<input type="checkbox"/> Transfer	<input type="checkbox"/> Sale	<input type="checkbox"/> Recycle/ Scrap	<input type="checkbox"/> Other	
Other Instructions:							
General use classification of property: <b>(See page 2 if any items are computers with hard drives)</b>							
Item	Quantity	Complete Description*			Condition	Estimated Value	Desired Price
Speed Type				Fin Dept			
*Asset number, weight, dimensions, vehicle identification number, ect.				Fund			
I certify that this is state-owned property and is not subject to any lien, restriction or other encumbrance.				Account			
				Sub			
				Appr ID			
Authorized Signature				Title	Date	PC Bus. Unit	
<b>Surplus Services Use Only</b>							
				Disposition Date:			
				Funds Deposit Date:			
				Surplus Services Authorization:			

Department of Administration ★ Fleet & Surplus Services ★ 5420 Old Highway 8 ★ Arden Hills, MN 55112  
 651-639-4022 ★ TTY: MN Relay Service 1-800-627-3529 ★ Fax 651-639-4026 ★ [www.mnsurplus.org](http://www.mnsurplus.org) ★ Email: [surplus.services@state.mn.us](mailto:surplus.services@state.mn.us)

## Certification of Data Removal from Surplus Computers

Hard drives of surplus computers must be sanitized in accordance with  
OET Sanitization and Destruction Standards 6/01/2010.

	Computer Serial Number	Software Used
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

I hereby certify that the computers identified above have had the hard drive sanitized in accordance with the OET Sanitization and Destruction Standards.	
Name	Date
Signature	Agency

Department of Administration ★ Fleet & Surplus Services ★ 5420 Old Highway 8 ★ Arden Hills, MN 55112  
 651-639-4022 ★ TTY: MN Relay Service 1-800-627-3529 ★ Fax 651-639-4026 ★ www.mnsurplus.org ★ Email: surplus.services@state.mn.us



# Stolen, Lost, Damaged or Recovered Property Report



Department of Administration

Fleet & Surplus Services

## Stolen, Lost, Damaged or Recovered Property Report

Department		Division		Section		Date / /	
Address				Telephone			
Nature of report:		If damaged or stolen, how?		Vandalism		Burglary (break-in)	
<input type="checkbox"/> Stolen <input type="checkbox"/> Damaged		<input type="checkbox"/> Lost <input type="checkbox"/> Recovery		<input type="checkbox"/> Theft		<input type="checkbox"/> Other ____	
Work unit and/or individual's name property was assigned to				Date of loss / /		Time of loss, if known <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
<b>Property Description</b>							
Inventory Number	Purchase Date	Detailed description, including serial number				Estimated Value	
	/ /					\$	
	/ /					\$	
	/ /					\$	
	/ /					\$	
	/ /					\$	
	/ /					\$	
	/ /					\$	
<b>Total Value of Loss</b>						\$	
In the space below, describe the circumstances surrounding the loss or recovery (e.g., how, where, suspects). Please be specific.							
Person responsible for seeking possible restitution or replacement:							
Name		Address				Phone Number	
Has a Property Disposition Request been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report completed by:					
		Signature				Phone:	
		Title:					
If loss is criminal in nature, identify the Police or Sheriff's office the incident was reported to below (include address and telephone number):		Report approved by:					
		Signature				Phone:	
		Title:					

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Department of Administration ★ Fleet & Surplus Services ★ 5420 Old Highway 8 ★ Arden Hills, MN 55112  
 651-639-4022 ★ TTY: MN Relay Service 1-800-627-3529 ★ Fax 651-639-4026 ★ www.mnsurplus.org ★ Email: surplus.services@state.mn.us

## Surplus Property Sealed Bid Form

Submit your completed bid ON THIS FORM, using the enclosed envelope

<b>Selling Agency:</b>	<b>Return Bid To:</b>
<b>Agency Contact Person:</b>	<b>Address:</b>
<b>Agency Contact Phone:</b>	<b>City, State, Zip:</b>
<b>Location of Items:</b>	<b>Inspection Date:</b>
	<b>Inspection Time:</b> <span style="float: right;"><b>Central Time</b></span>
<b>Date Issued:</b>	<b>Bid Due Date:</b>
<b>Property Disposition Request Number:</b>	<b>Bid Due Time:</b> <span style="float: right;"><b>Central Time</b></span>

The estimate of quantity or weight of the various items listed below is for the general guidance of bidders and the State assumes no responsibility for any variance therefrom. The State makes no warranty as to the fitness or condition of said items and the purchaser bidding agrees to purchase said items as-is, where-is, and in compliance with all terms and conditions stated in the bid.

The State reserves the right to accept or reject any or all bids or parts of bids and to waive informalities therein. A bid containing an alteration or erasure of any price contained in the bid which is used in determining the highest responsible bid shall be rejected, unless the alteration or erasure is crossed out and the correction thereof printed in ink or typewritten adjacent thereto and initialed in ink by the person signing the bid.

It is agreed that certified checks, cashier's checks, or money orders of successful bidder submitted with the bid will constitute liquidated damages for failure of bidder to enter into contract in accordance with this bid.

Sealed bids must be received and time stamped no later than the date and time indicated above, at which time bids will be publicly opened.

Bid is made on the basis of bidder's personal inspection of the items listed below and bidder's knowledge of all conditions. **All items are sold as-is, where-is.**

Bid security in the form of a certified check, cashier's check, or money order made payable to \_\_\_\_\_ (Department) for the full amount of this bid must be enclosed with the bid, unless this requirement is specified in detailed instructions.

The successful bidder must remove the awarded item(s) within 10 days after receipt of a letter of award or as specified in detailed instructions.

Bidder agrees for and on behalf of bidder, bidder's heirs, successors and assigns that bidder shall indemnify and hold the State harmless from and against any claim, demand or cause of action arising or alleged to have arisen out of the sale or failure to sell any item including claims for personal or bodily injury, death, or contract damages.

Item No.	Description	Quantity	Unit	Unit Price	Total
<b>ALL ITEMS SOLD AS-IS-WHERE-IS</b>				<b>Total Amount of Bid</b>	
*Or Provide Sales Tax Exemption _____ **City or County Sales Tax, if appropriate  <b>SUBMIT BID IN THE ENCLOSED ENVELOPE</b>				<b>Add _____ % State Sales Tax*</b>	
				<b>Add _____ % Local Sales Tax**</b>	
				<b>Grand Total</b>	

Bidder's Printed Name \_\_\_\_\_ Signature (in ink) \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**BID TABULATION SHEET  
SURPLUS PROPERTY SEALED BID SALE**

Date Bid: \_\_\_\_\_ Bid Due Date: \_\_\_\_\_

Bidder	Company Name	Contact person	Phone Number	Date Bid Received	Bid Security Received	Bid Security Amount
A						
B						
C						

Item	Full Description of Item	Quantity	Unit	Bidder A		Bidder B		Bidder C	
				Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price
1									
2									
3									
4									
5									
6									
7									
8									

<p>Bidder to be Awarded Bid: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Documentation:</p>
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