

**STATE AGENCY MONTHLY DONATION
REPORT OF SUPRPLUS PERSONAL PROPERTY**

DATE (Month and year)

**OMB Control Number: 3090-0112
Expiration Date: 1/31/2019**

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0112. We estimate that it will take 90 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

TO	FROM (Give name of Reporting State Agency)
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DESCRIPTION OF ITEMS	ACQUISITION COST (Omit cents)	
	SUBTOTAL	TOTAL
A. BEGINNING INVENTORY		\$

B. PROPERTY RECEIVED

1. From Federal Agencies	\$	
2. From other State Agencies	\$	
3. From overseas	\$	
4. Other receipts	\$	
5. TOTAL		\$

C. PROPERTY DONATED

1. PUBLIC AGENCIES	a. Conservation	\$	
	b. Economic development	\$	
	c. Education	\$	
	d. Parks and recreation	\$	
	e. Public health	\$	
	f. Public safety	\$	
	g. Two or more of the above	\$	
	h. Other	\$	
	i. TOTAL OF PART 1	\$	
2. NONPROFIT INSTITUTIONS OR ORGANIZATIONS	a. Education	\$	
	b. Public health	\$	
	c. TOTAL OF PART 2	\$	
GRAND TOTAL OF PARTS 1 AND 2			\$

D. OTHER DISTRIBUTION

1. Transfer to other State Agencies	\$	
2. Return to Federal Agency	\$	
3. Sold	\$	
4. Abandoned or destroyed	\$	
5. Other adjustments	\$	
6. TOTAL		\$
E. ENDING INVENTORY		\$

DESCRIPTION OF ITEMS	ACQUISITION COST <i>(Omit cents)</i>	
	SUBTOTAL	TOTAL

E. METHOD OF DISTRIBUTION

1. From State Agency facility	\$	
2. Direct from holding agency	\$	
3. TOTAL		\$

F. DISTRIBUTION TO PUBLIC AGENCIES

1. State	\$	
2. Local	\$	
3. TOTAL		\$

REMARKS *(Continue on separate sheet, if necessary)*

TYPED NAME AND TITLE OF APPROVING OFFICIAL	SIGNATURE OF APPROVING OFFICIAL	DATE
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