

## SURPLUS/TRANSFER DECLARATION FORM

JACKSON COUNTY, MISSOURI

SURPLUS TRANSFER

Date of Surplus: 8/27/2025						Date Transfer Received:				
Department										
Name:			Department Code:	4201		Department Transferring Asset:				
Point of		5.6				<u> </u>				
Contact: Charles DeGroff cdegroff@jacksongov.org						Department Receiving Asset:				
Please Check: Select only one						Receiving Department Contact:				
X Surplus □ Transfer  Transaction Fixed				Disposition		Receiving Department Phone Number:				
Transaction Date	Asset #		Asset Description	Disposition Code*	Model Vee	Make/Model	Serial/Vin Number	Unit Number		Stripped Ready
Date	Asset #		Asset Description	Code	wiodel i ear		Nulliber	Nulliber		Ready
8/27/2025	N/A	AutoClear X-Ray Machine		X	Unk	604OME	04 10-08 P#01	1		Yes
						(040ME				
8/27/2025	N/A	Aut	toClear X-Ray Machine	X	Unk	604OME	14 12-19 L332	2		Yes
						604OME				
8/27/2025	N/A	Aut	toClear X-Ray Machine	X	Unk	004OME	Unknown tag gone	3		Yes
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<sup>\*</sup> Indicate if Asset was (S) Sold, (D) Donated, (R) Recycled, (X) Scrapped, (T) Trade-in, or (O) Other.

<sup>\*\*</sup> Refer to Asset Subclass Listing.

<sup>1.</sup> User Department send to Finance Department

<sup>2.</sup> Purchasing Department send to Finance Department