



STATE OF MICHIGAN
**Department of
Human
Services**

Memo

Bureau of Organizational Services
235 S. Grand Ave, Suite 1208
Lansing, MI 48933
www.michigan.gov

Administration

Tel: 517 335-6911
Fax: 517 241-7095

To: Grand Tower Staff

Date: May 1, 2012

From: Kurt Warner, Director 
Bureau of Organizational Services

Subject: Surplus Property

Changes have been made to create better efficiencies in the surplus process. Effective Monday, May 7, 2012, the DHS surplus room, currently located in the Grand Tower basement, will be permanently closed and will no longer accept surplus items. We have identified May 8th and May 15th as days for Grand Tower staff to retrieve items currently in the surplus room.

Effective Monday, May 14, 2012, the surplus property process is as follows:

- Surplus items to be removed:
 - Please fill out the DMB-222, Disposal Request Form.
 - Attach and e-mail the form to Susan Moyer moyers2@michigan.gov.
 - Ms. Moyer will schedule a pick-up of the requested items

Please keep in mind that the State surplus store will not accept damaged items or Haworth products. If you have a question about your surplus item, you may contact Susan Moyer at 517-241-8286.

To retrieve surplus items, you may contact DTMB at 517-373-9749 or visit the Surplus Store at 3111 St. Joseph Hwy, Lansing, MI 48917. Prior to going to the Surplus Store you will need to complete the DMB-283-Transfer Authorization Request/Authorization and take it with you for admittance.

The documents are attached for your convenience.

If you should have any questions about this process, please feel free to contact Ms. Moyer directly.

Department Of Management & Budget
Agency Services - PW&SS
State Surplus Facility
P.O. Box 30026
3201 W. St. Joseph
Lansing, MI 48917
517-334-8271

Transfer Authorization Request/Verification

SECTION I – Request to Transfer

INSTRUCTIONS:

1. To transfer state surplus property your agency must have pre-approval from your supervisor.
2. Supervisor must sign at the bottom of Section I.
3. Present this document and a valid State ID to the Surplus Program staff.
4. Surplus Program will prepare a Transfer Receipt detailing the product to be transferred.
5. Supervisor must verify the property on the attached transfer receipt was placed into state use to that by signing Section II.
6. The employee that transferred the property must also sign Section II.
7. Return this form to State Surplus at 3201 W. St. Joseph, Lansing MI 48917 or fax to 517-334-8262.
8. Please call State Surplus at 517-334-8271 with any questions or concerns.

TRAN. REQ. DATE	DEPARTMENT	DIVISION

EMPLOYEE NAME	TITLE

EMPLOYEE PHONE NUMBER	EMPLOYEE FAX NUMBER

WORK ADDRESS	CITY	STATE	ZIP
		MI	

SUPERVISOR NAME	TITLE

SUPERVISOR PHONE NUMBER	SUPERVISOR FAX NUMBER

WORK ADDRESS	CITY	STATE	ZIP
		MI	

SUPERVISOR SIGNATURE: _____ DATE: _____

SECTION II – Verification of Reutilization

Transfer Authority No. _____ Dated _____

I hereby certify that all items indicated on the Transfer Receipt were received and are being utilized for State business. Any items that were not received are recorded below.

Supervisor Signature Title _____ Date _____

Employee Signature Title _____ Date _____

Exceptions _____

SECTION I

Transfer of surplus material to another State Department

Transfer Authority No. _____

Dated _____

INSTRUCTIONS:

1. Those Items indicated for transfer on reverse side are to be shipped as indicated to the Department listed below.
2. Return Original Copy to State Surplus when transfer has been completed and signature of representatives of both Departments are entered properly below.
3. Inter-Account Bill, if applicable, to be prepared by the Disposing Department.

Transfer Items _____
 To _____
 Via _____
 Received for Above Department By _____
 Title _____
 Date Received _____

Transfer Items _____
 To _____
 Via _____
 Received for Above Department By _____
 Title _____
 Date Received _____

Transfer Items _____
 To _____
 Via _____
 Received for Above Department By _____
 Title _____
 Date Received _____

Transfer Items _____
 To _____
 Via _____
 Received for Above Department By _____
 Title _____
 Date Received _____

RELEASED ALL ITEMS (List Exceptions Below)

By _____ Signature _____ Title _____

Date Completed _____
 Exceptions _____

SECTION II

Authorized for Department to dispose of Surplus and/or Scrap Material

Local Bid No. _____

Date _____

INSTRUCTIONS:

1. Those Items indicated on the reverse side for Department Local-Bid disposal could not be economically disposed of by transfer to another state Department nor by regular bid procedure and you are therefore authorized to dispose of them in the most economical manner.
2. The following steps are suggested: First - try to obtain local bids; next - sell for the best price obtainable. Finally if it cannot be sold, dispose of the item(s) and report at no value below.
3. Complete the report below when disposition has been made. Send Original Copy to State Surplus and **PURCHASER'S CHECK** to Department of Management and Budget, Office of Financial Services, P.O. Box 30026, Lansing, Michigan 48909. (Check must include Sales Tax).

Items _____
 Sold To _____
 Address _____
 Amount _____

Items _____
 Sold To _____
 Address _____
 Amount _____

Items _____
 Sold To _____
 Address _____
 Amount _____

Items _____
 Sold To _____
 Address _____
 Amount _____

DEPOSITION COMPLETED

I hereby certify that I have disposed of the items indicated for Local Bid disposal on the reverse side as authorized and that this final disposition is as shown:

Date _____ Signature _____ Title _____	How disposed of if no value: _____ _____ _____
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