## Control no:

|                                  |              |               | REPORT OF                   | WASTE MAT  | <b>TERIA</b> I    | LS                  |                         |                |   |  |
|----------------------------------|--------------|---------------|-----------------------------|--|-------------------|---------------------|-------------------------|----------------|---|--|
| Office/                          | /Agency:     |               | Place of Storage            |  |                   |                     |                         | Date           |   |  |
|                                  |              | UNIT          | •                           | ESCRIPTION   | SOURCE<br>OF FUND |                     | RECORD OF SALES         |                | S |  |
| ITEM                             | Qty.         |               | NAME OF DE                  |  |                   |                     | O.R. No.                | AMOUNT         | Γ |  |
|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
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|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
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|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
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|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
| Prope                            | rty Officer: | (Name & S     | ignature)                   |  |                   |                     | TOTAL                   |                |   |  |
|                                  |              |               | FI                          | RST INDORSEMENT  |                   |                     | •                       |                |   |  |
|                                  |              |               |                             |  |                   |                     |                         | Date           | • |  |
|                                  |              |               |                             |  |                   |                     | '                       | Date           |   |  |
|                                  | Respect      | tfully forwar | ded to                      |  |                   |                     |                         |                | - |  |
|                                  |              |               |                             |  |                   |                     | for appropriate action. |                |   |  |
| ,                                |              |               |                             |  |                   |                     | Tor approp              | priato aotioni |   |  |
| Agenc                            | y Head / A   | uthorized R   | Representative:             | Position:  |                   |                     |                         |                |   |  |
|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
|                                  |              |               | CERT                        | IFICATE OF INSPECTO                                      | OR                |                     |                         |                |   |  |
|                                  |              | I hereby ce   | ertify that this property w | as disposed as follows:                                  |                   |                     |                         |                |   |  |
|                                  |              | ,             | , , , . ,                   | •  |                   |                     |                         |                |   |  |
|                                  |              |               |                             | Destroyed<br>Sold at private sale                        |                   |                     |                         |                |   |  |
|                                  |              |               |                             | Sold at public auction                                   |                   |                     |                         |                |   |  |
| Item Transferred without cost to |              |               |                             |  |                   |                     |                         |                |   |  |
|                                  |              |               | Item                        | Continued in service                                     |                   |                     |                         |                |   |  |
| Prope                            | rty Inspecto | or: (Name 8   | k Signature)                | Witness to dispostion:                                   |                   |                     |                         |                |   |  |
|                                  |              |               |                             |  |                   |                     |                         |                |   |  |
|                                  |              |               | SE                          | COND INDORSEMENT   |                   |                     |                         |                |   |  |
|                                  |              |               |                             |  |                   |                     |                         | Doto           | • |  |
|                                  |              |               |                             |  |                   |                     |                         | Date           |   |  |
|                                  |              | Respectfu     | lly returned to the         |  |                   |                     |                         |                | - |  |
| hereb                            | , approvinc  |               |                             | Agency Head r as contained in the foregoing certificate. |                   |                     |                         |                | - |  |
|                                  |              |               |                             | Designation:   | egonig cert       | moat <del>c</del> . |                         |                |   |  |
| , taulio                         | (I vairie o  | . Jigilatule) | ,                           | Doorgination.  |                   |                     |                         |                |   |  |
|                                  |              |               |                             |  |                   |                     |                         |                |   |  |