# GOVERNMENT OF GUAM
## DEPARTMENT OF ADMINISTRATION
## FINANCIAL MANAGEMENT SYSTEM

Guam Community College
P.O. Box 23069
Barrigada , Guam  96921
Telephone:  671-735-5540/5542

| Subject Title: | **REPORT OF SURVEY (Part 1 of 2)** | (Revised April 1987) |
|---|---|---|

**MEMORANDUM**

Assigned by **IMO** ➡️   REPORT NO:_____

Please Fill in Date ➡️   DATE:_____

To:        Director, Department of Administration

Via:        Plant & Property Management Section
            **GENERAL SERVICES AGENCY**

From:        **Guam Community College,** _____
                                        Department Name

Subject:        **Equipment Survey**

We certify that the property(ies) listed on this Report Of Survey is/are recommended for disposition to be made thereof as indicated.  As Head of this Department, I certify disposition of the Government property as the need arises, and determine liability relative to lost, usefulness, stolen and/or damaged property.

| ITEM NO. | PROPERTY NO. | DESCRIPTION | VALUE | DISPOSITION * | | | |
|---|---|---|---|---|---|---|---|
| | | | | A | B | C | D |
| 1 | 905539 | HP 1205 Color Printer – *Serial No. CZXP1903* | $1014.00 (depr) | | | x | |
| 2 | | | | | | | |
| 3 | | | | | | | |
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| 9 | | | | | | | |
| 10 | | | | | | | |

Please annotate  PROPERTY TAG#, NAME of item and SERIAL NO.

Sample

DISPOSITION LEGEND
* **A –** To be destroyed
  **B –** Advertise for sale
  **C –** Transferred to GSA
  **D –** Used for repairs

Person completing this survey form and/or responsible for their departments inventory will SIGN and PRINT  their name & iob title here

Prepared by:

*Maria Santos Cruz*
_____
DEPT'S. PROPERTY LIAISON
_____
Please Print or Type Name Here
_____
DEPARTMENT/AGENCY PROPERTY OFFICER
**F. M. Terlaje, Inventory Management Officer**

Certified by:

_____
DEPARTMENT/AGENCY HEAD
**Mary A. Y. Okada, Ed.D., PRESIDENT**

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| *Subject Title:* | **REPORT OF SURVEY (Part 2 of 2)** | (Revised April 1987) |
|---|---|---|

REPORT NO:_____

DATE:_____

==**Please complete this portion and justify reason for your equipment being surveyed**.==

**Date and Circumstances**:  January 9, 2004,  Printer is OBSOLETE.

**Findings:**  Vendors on island no longer carry  this type printer  cartridges.  HP has discontinued and no longer supports this type model for inks and parts.

**Recommendations:  SURVEY to GSA.**

_____
_____
_____

SHOULD INCLUDE RECOMMENDATION FOR COLLECTION FROM RESPONSIBLE EMPLOYEE(S) OR RELASE FROM LIABILITY.

### (TO BE COMPLETED ON SURVEY OF UNSERVICEABLE PROPERTY)

We verify that the property listed on Part 1 of this report has been inspected by our office and recommend disposition to be made thereof as indicated.

Plant & Property Management
Section Supervisor:

Approved by: _____     _____
                        Dept's. Property Officer

Date: _____     Date: _____

Accepted by: _____     Date: _____
                        Director of Administration

**NOTE**:  Additional sheets of paper, properly captioned, may be used if necessary.   Upon completion of this report, a copy will be provided to the Department/Agency Property Officer, Generals Services Agency, and the Director of Administration by the Plant and Property Management Section.

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**CONTINUATION**

REPORT NO:_____

DATE:_____

| ITEM NO. | PROPERTY NO. | DESCRIPTION | VALUE | DISPOSITION | | | |
|---|---|---|---|---|---|---|---|
| | | | | A | B | C | D |
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