

**Introduction**

This section covers all forms (source documents) used in Minor Capital Inventory System. It will discuss what the Minor Capital Forms are, how to prepare them, and include a sample.

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# Minor Capital Add/Change — Form DOT 721-001

## MINOR CAPITAL ADD/CHANGE

WASHINGTON STATE  
ENGRAVED AND  
INVENTORY TAG ATTACHED

DATE \_\_\_\_\_  
SIGNED \_\_\_\_\_

**1**

|               |        |
|---------------|--------|
| TAG NUMBER    |        |
| AGENCY PREFIX | NUMBER |

**2**

|             |                |      |                  |          |           |      |
|-------------|----------------|------|------------------|----------|-----------|------|
| DESCRIPTION | COMMODITY CODE |      | EQUIPMENT NUMBER | DISCOUNT | CNTY CODE | TYPE |
|             | GROUP          | ITEM |                  |          |           |      |

**3** **4** **5** **6** **7** **8**

|              |                   |           |           |             |               |
|--------------|-------------------|-----------|-----------|-------------|---------------|
| ON LOAN FROM | ORGANIZATION CODE | FUND      | PROG      | REQUISITION | DATE RECEIVED |
|              | <b>10</b>         | <b>11</b> | <b>12</b> | <b>13</b>   | <b>14</b>     |

**9** **15** **16** **17** **18**

|           |                                  |           |
|-----------|----------------------------------|-----------|
| DATE PAID | PERCENT OF FEDERAL PARTICIPATION | VENDOR    |
| MO DAY YR | <b>20</b>                        | <b>21</b> |
| <b>19</b> | <b>22</b>                        | <b>23</b> |

**24** **25** **26** **27** **28** **29** **30** **31**

|                |           |           |
|----------------|-----------|-----------|
| RESIDUAL VALUE | MODEL     | SERIAL    |
| <b>24</b>      | <b>25</b> | <b>26</b> |
| <b>27</b>      | <b>28</b> | <b>29</b> |

**32** **33** **34** **35**

|                                     |                      |           |
|-------------------------------------|----------------------|-----------|
| ACTION CODE                         | AGENCY AUTHORITY NO. | DELETE    |
| <b>32</b>                           | <b>33</b>            | <b>34</b> |
| A = ADD<br>C = CHANGE<br>D = DELETE |                      |           |

SUBMITTED BY \_\_\_\_\_

FORM 721-001  
REVISED 10/90

## **Description and Use**

This form is used by six-digit Organization Code Supervisor or their designee to add, delete, or reinstate a tag number or to change certain information pertaining to a tag number.

## **Completing the Form**

A sample form appears on the opposite page. The numbers below refer to corresponding numbers on the form.

### **1. Tag Number**

Consists of prefix **DOH**, **TEF AER**, or **WSF** and six-digit number. First digit indicates region who purchased and tagged the item. The Tag Number Prefix for leased equipment includes an "X" (example, DOX \_\_\_\_\_). The number is assigned by regional Supply personnel. TEF numbers are assigned by regional TEF Accountants.

### **2. Description**

Record a brief description, i.e., wood side chair.

### **3. Commodity Code**

Enter seven-digit number identifying item. Found in Commodity Code Catalog.

### **4. Useful Life**

**Leave blank when adding new tag number. This is computed by the system from a table. Proprietary funds (520 and 410) can do a "change" if required.**

### **5. Equipment Number**

Used when item is "assigned" to a piece of equipment, i.e., odometer to a car or pickup.

### **6. Site**

**Must** be entered. Identifies location (building) of item. Consists of region, county code number, type of building (Alpha), and building number. Found in Facility Control Record.

### **7. Floor/Wing**

Enter if applicable. Used primarily in Transportation Building. Identifies floor and wing of building where item is located.

### **8. On Loan To**

Enter if applicable. Used when item is loaned to another. Can be a person's name, or name of section or org. code, or location or combination as long as kept within 15 spaces.

### **9. On Loan From**

Enter if applicable. Used when item is loaned. Identifies individual lending item. Can be name of section or person or building or org. code or combination.

### **10. Organization Code**

**Must** be entered. Identifies area to which item is assigned.

*Forms*

**11. Agency**

**Enter the Agency number. WSDOT is agency 405. (See Chart of Accounts.)**

**12. Fund**

Enter Fund from which item was paid. DOH-108, TEF-410, WSF-519, 520.

**13. Prog.**

Enter subprogram from which dollars are expended. Ex - P5 - M4 - M2 S1.

**14. Requisition**

Enter number of requisition item was requested on, if requisition was used.

**15. Order**

Enter purchase order or field order number. If item is leased, the purchase contract or lease agreement is to be entered here. If the WSDOT Purchasing Card was used, insert "PURCARD" in this field.

**16. Date Received**

Enter date item was received.

**17. Voucher**

Enter voucher number used to initiate payment for the item. Assigned by Regional Accounting. If item is "found" during inventory, PHY is entered here. However, system will not accept unless the warrant register number and date paid are entered as well.

**18. Warrant Register**

Enter warrant register number assigned by Headquarters Accounting when warrant is issued. If item is "found" during inventory, INV is entered here. If item is a Lease, Purchase LSE is entered here. However, the system will not accept the warrant register number unless the voucher number and date paid are entered as well. Using "LSE" in the Warrant Register field, when applicable, provides the capability to run a report of all leased equipment, so it must be filled in.

**19. Date Paid**

**Enter the date paid assigned by Headquarters Accounting when warrant is issued. This is the date the depreciation is computed from. However, the system will reject unless voucher and warrant register are entered as well.**

**20. Status**

Enter purchase status. G = Gift or donation. L = Loan from government agency. E = Error, originally not thought to be Minor Capital equipment. Blank = Normal purchase.

**21. Participation**

Enter percent of funding participation if other than WSDOT funds are involved. This will be used to reimburse said agency should item be deemed surplus and sold. Primarily for items purchased with federal funds.

**22. Vendor**

Enter name of vendor from whom the item was purchased.

**23. Make**

Enter manufacturer's name. If not known, enter "unknown."

**24. Cost**

Enter how much item cost. Includes tax and freight. If unknown, the average of like items in the system is to be used. A cost **must** be entered when adding new tag number.

**25. Residual Value**

**This figure will be "0" for items with DOH, UAB, and AER tag prefixes. Tag prefixes of TEF and WSF which are Proprietary Funds, may have a residual value. If this field is left blank, it will default to "0".**

**26 Model**

Enter model number, if applicable.

**27. Serial**

Enter serial number, if applicable.

**28. Repair Cost**

Enter amount paid when item is repaired.

**29. Usage Hrs.**

Not applicable for new purchase. Used in conjunction with repair costs to justify purchase of certain brand or type of equipment.

**30. Cond.**

Not applicable for new purchase. Condition Code of an item. G = good, F = fair, P = poor, O = obsolete or unserviceable. This field is updated during physical inventory.

**31. Srpls.**

"S" entered when item is deemed to be surplus to your needs.

**32 Action Code**

Enter "A" for add, "C" for change, or "D" for delete.

**33. Submitted By**

Signed by six-digit Organization Code Supervisor or their designee.

**34. Date**

Date form is prepared.

**35. Delete**

Reason code/agency authority number/G. A. authority number are entered from previously approved Property Disposal Request.

# Minor Capital Property Transfer — Form DOT 721-007

## WASHINGTON STATE DEPARTMENT OF TRANSPORTATION MINOR CAPITAL PROPERTY TRANSFER

|               |            |
|---------------|------------|
| <b>1</b>      | TAG NUMBER |
| AGENCY PREFIX | NUMBER     |

ITEM DESCRIPTION: \_\_\_\_\_ **2**

SENDER: \_\_\_\_\_ **3**

ADDRESS: \_\_\_\_\_

SERIAL NO.: \_\_\_\_\_ **4**

COMMODITY CODE: \_\_\_\_\_

DATE \_\_\_\_\_ RESPONSIBLE SUPERVISOR \_\_\_\_\_

**TRANSFER FROM: 5**

|                   |        |      |       |                              |       |            |                  |
|-------------------|--------|------|-------|------------------------------|-------|------------|------------------|
| ORGANIZATION CODE | AGENCY | FUND | PROG. | SITE<br>DIST. CITY CODE TYPE | BLDG. | FLOOR/WING | EQUIPMENT NUMBER |
|                   |        |      |       |                              |       |            |                  |

**TRANSFER TO: 6**

|               |        |      |       |                              |       |            |                  |
|---------------|--------|------|-------|------------------------------|-------|------------|------------------|
| NEW ORG. CODE | AGENCY | FUND | PROG. | SITE<br>DIST. CITY CODE TYPE | BLDG. | FLOOR/WING | EQUIPMENT NUMBER |
|               |        |      |       |                              |       |            |                  |

RECIPIENT: \_\_\_\_\_ **7**

ADDRESS: \_\_\_\_\_

DATE \_\_\_\_\_ **8**

RESPONSIBLE SUPERVISOR \_\_\_\_\_

DOT FORM 721-007  
REVISED 3/87 -1269-

### **Description and Use**

This form is used by six-digit Organization Code Supervisor or their designee when an item within a fund is transferred to another organization code, building, or floor/wing of a building.

### **Completing the Form**

A sample form appears on the opposite page. The numbers below refer to corresponding numbers on the form.

#### **1. Tag Number**

This is the tag number of item being transferred. Be sure the prefix is correct and all six digits of the number is entered.

#### **2. Item Description**

This should be a short description of the item. Enter serial number if applicable or if it is known. Also, commodity code if known. This is informational only — not mandatory.

#### **3. Sender**

This is a name of section the item is being transferred from, i.e., Purchasing and Materials Management. Address: is address of section, i.e., Transportation Building, Olympia.

#### **4. Responsible Supervisor**

The six-digit Organization Code Supervisor or his designee that is transferring the item signs here.

#### **5. Transfer From**

These fields should be filled out with the information that pertained to where the item is being transferred from. If just one field of information is being changed, you should still fill out these fields, as it gives the person entering this information in the Master File a means to double check.\*

\*It is the responsibility of the recipient to enter transfer into system.

#### **6. Transfer To**

The receiving region should complete these fields with the new information and route it to have the information updated on the Master File.

#### **7. Recipient**

Name of section and address (building or street address) receiving the item.

#### **8. Responsible Supervisor**

The six-digit Organization Code Supervisor or his designee that is receiving the item signs here.



### **Description and Use**

This form is used during the annual physical inventory when a bar code reader is unavailable. It is used primarily after corrections have been made to Items New to Location Report. The items that have been transferred are to be inventoried in new locations.

Once this is accomplished for all your Minor Capital items (not just the camera), route the completed form to your Supply Officer. He will enter the information you provided into the terminal.

### **Completing the Form**

A sample form appears on the opposite page. The numbers below refer to corresponding numbers on the form.

#### **1. Site**

Consists of region, county code, building type, building number, i.e., 0 34 AF 01 is the Headquarters Transportation Building. The site designation number is obtained from the Facility Control Record (R340066MF).

#### **2. Floor/Wing**

This pertains to buildings that have this entered as part of their site. The Transportation Building primarily, and Eastern Region main building.

#### **3. Org. Code**

This is the six-digit organization code of section/area taking the inventory.

#### **4. Prefix**

This is the three-digit alpha agency prefix indicating which fund item was purchased from. They are:

|                                     |                    |
|-------------------------------------|--------------------|
| DOH — Motor Vehicle Fund            | (108)              |
| TEF — Transportation Equipment Fund | (410)              |
| WSF — Washington State Ferries      | (108 Construction) |
| WSF — Washington State Ferries      | (109 Maintenance)  |
| AER — Aviation Division             | (039)              |

#### **5. Date**

This is the date the inventory is taken.

#### **6. Tag Number**

Consists of six-digit **number** on the item. No alpha characters or dashes allowed.

#### **7. Condition Code**

The condition of the item is noted here. The Condition Codes are:

|                               |
|-------------------------------|
| G — Good                      |
| P — Poor                      |
| U — Unserviceable or obsolete |

**8. Description**

A short description of item is entered.

**9. Location**

This can be a room number, initials, or name of person using item, or other way of identifying where within the building item is located.

*Note:* Description and location are shaded, indicating this information does not go into system.

**10. Inventory Taker**

Individual taking the inventory signs here when form is completed.

# Property Disposal Request — Form S.F. 267-A

| <b>FORM S.F. 267-A</b><br><small>(Rev. 1/86)</small> <b>STATE OF WASHINGTON</b><br><b>PROPERTY DISPOSAL REQUEST</b>   |   |   |   |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">AGENCY AUTHORITY NO.<br/><b>1</b></td> <td style="width: 50%; text-align: center;">G.A. AUTHORITY NO.</td> </tr> <tr> <td colspan="2" style="text-align: center;">DATE PREPARED<br/><b>2</b></td> </tr> </table> |  | AGENCY AUTHORITY NO.<br><b>1</b> | G.A. AUTHORITY NO. | DATE PREPARED<br><b>2</b> |  |
|---|---|---|---|--|---|--|----------------------------------|--------------------|---------------------------|--|
| AGENCY AUTHORITY NO.<br><b>1</b>  | G.A. AUTHORITY NO.                        |   |   |  |   |  |                                  |                    |                           |  |
| DATE PREPARED<br><b>2</b>   |   |   |   |  |   |  |                                  |                    |                           |  |
| TO: SURPLUS PROPERTY OFFICE   |   |   | FROM: <b>3</b>                          |  |   |  |                                  |                    |                           |  |
| LOCATION OF PROPERTY IF NOT SAME AS ABOVE <b>4</b>  |   |   |   |  |   |  |                                  |                    |                           |  |
| <i>See Instructions on Reverse</i>  |   |   |   |  |   |  |                                  |                    |                           |  |
| TO BE COMPLETED WHEN PROPERTY DISPOSAL IS REQUESTED   |   |   |   |  | TO BE COMPLETED AFTER DISPOSAL/DISPOSITION OF PROPERTY  |  |                                  |                    |                           |  |
| ITEM NO.  | QUANTITY                                  | DESCRIPTION   | ESTIMATED VALUE                         | FUND   | FEDERAL PARTIC.   | DISPOSITION                                    | AMOUNT REALIZED                  |                    |                           |  |
| <b>5</b>  | <b>6</b>                                  | <b>7</b>  | <b>8</b>                                | <b>9</b>                                       | <b>10</b>   |  |                                  |                    |                           |  |
| <b>DISPOSAL / DISPOSITION REQUEST</b><br><input type="checkbox"/> SURPLUS OR EXCESS <input type="checkbox"/> TRADE IN (Submit With Requisition To Surplus Property) <input type="checkbox"/> DOES NOT MEET INVENTORY CRITERIA<br><input type="checkbox"/> SCRAP <b>11</b> <input type="checkbox"/> INSTALLED EQUIPMENT (In Line) <input type="checkbox"/> LOST OR STOLEN (Local Authorities Contacted)<br><input type="checkbox"/> TO BE USED FOR PARTS <input type="checkbox"/> DIRECT TRANSFER <input type="checkbox"/> OTHER (Specify) _____ |   |   |   |  |   |  |                                  |                    |                           |  |
| SIGNATURE OF REQUESTER <b>12</b>  |   |   | TITLE                                   |  | PHONE NO.   | DATE   |                                  |                    |                           |  |
| <b>SURPLUS PROPERTY APPROVAL</b>  |   |   |   |  |   |  |                                  |                    |                           |  |
| SURPLUS PROPERTY  |   | WILL PICK UP AND SELL                                 |   | WILL ALLOW TRADE IN                            |   | REQUESTS AGENCY SHIP TO SURPLUS                |                                  |                    |                           |  |
| <input type="checkbox"/> WILL INSPECT   | <input type="checkbox"/> WILL NOT INSPECT | <input type="checkbox"/> WILL SELL AT AGENCY LOCATION | <input type="checkbox"/> WILL REIMBURSE | <input type="checkbox"/> REQUESTS AGENCY SCRAP | <input type="checkbox"/> REQUESTS AGENCY SELL   | <input type="checkbox"/> OTHER (Specify) _____ |                                  |                    |                           |  |
| SIGNATURE OF SURPLUS PROPERTY OFFICIAL  |   |   | TITLE                                   |  | PHONE NO.   | DATE   |                                  |                    |                           |  |
| <b>AGENCY DISPOSAL CERTIFICATION</b>  |   |   |   |  |   |  |                                  |                    |                           |  |
| <small>COMPLETE ONLY AFTER SURPLUS PROPERTY HAS APPROVED DISPOSAL / DISPOSITION REQUEST</small>   |   |   |   |  |   |  |                                  |                    |                           |  |
| THE ITEMS ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER <b>13</b>   |   |   |   |  |   |  |                                  |                    |                           |  |
| <input type="checkbox"/> BURNED   |   | <input type="checkbox"/> BURIED                       |   | <input type="checkbox"/> SMASHED               |   | <input type="checkbox"/> ABANDONED             |                                  |                    |                           |  |
| <input type="checkbox"/> OTHER (Specify) _____  |   | SIGNATURE OF AGENCY OFFICIAL                          |   | DATE   | SIGNATURE OF WITNESS TO DISPOSAL  |  | DATE                             |                    |                           |  |
| <b>ACTION BY INVENTORY CONTROL</b>  |   |   |   |  |   |  |                                  |                    |                           |  |
| REQUESTED INVENTORY DISPOSITION   |   |   | SIGNATURE <b>14</b>                     |  | TITLE   |  | DATE                             |                    |                           |  |
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED  |   |   |   |  |   |  |                                  |                    |                           |  |

### **Description and Use**

This is a Department of General Administration form and is used by all state agencies. This form is used when a tag number needs to be deleted from the Minor Capital Inventory System. A complete explanation can be found in the *Property Disposal Manual* (M 72-91).

### **Completing the Form**

A sample form appears on the opposite page. The numbers below refer to corresponding numbers on the form. The areas of the form not numbered or explained are filled in by Surplus Property or Inventory Manager.

#### **1. Agency Authority No.**

This is a six-digit number assigned by regions (usually accounting ofc.). The first digit indicates the region; second is Alpha letter A; the other four numbers are assigned sequentially.

#### **2. Date Prepared**

Date requester prepares form.

#### **3. From**

Name and address of requester.

#### **4. Location of Property**

If property is stored someplace other than address above enter here, i.e., Warehouse No. 2.

#### **5. Item No.**

Items are sequentially numbered. First item listed is 1, second is 2, etc.

#### **6. Quantity**

Quantity of items.

#### **7. Description**

Describe item, include tag number and condition.

#### **8. Estimated Value**

Estimate what the item is worth. This figure is not binding. It is to give Surplus Property a guideline.

#### **9. Fund**

This is the fund that owns the item. This is very important and must be filled in.

#### **10. Federal Participating**

Enter "yes" if item was purchased with federal funds. Otherwise enter "no."

#### **11. Disposal/Disposition**

Put an X in the appropriate box that states how you want to dispose of the items. If item is missing during physical inventory, the LOST or STOLEN box is checked. The DIRECT TRANSFER box is checked if the item is being transferred between funds, i.e., DOH (108) to TEF (410).

**12. Signature of Requester**

**The Regional Administrator/Assistant Secretary's signature is required if the item is Minor Capital property missing during inventory.** Otherwise, the six-digit Organization Code Supervisor or his/her designee should sign.

**13. Agency Disposal Certification**

This area of the form is used when authority has been given to the requester to scrap an item. The appropriate box is checked as to which manner was used to dispose of item. The requester signs before a witness. Then the form is returned to Purchasing and Materials.

**14. Action by Inventory Control**

The Regional Supply Officer or the Inventory Manager for the region is to sign here.

**Exception:** If the disposition designated on the form is Direct Transfer, does not meet inventory criteria or other, the Inventory Manager is to sign.

