COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS DEPARTMENT OF FINANCE

DIVISION OF PROCUREMENT SERVICES

PROPERTY MANAGEMENT BRANCH

PS-100 PROPERTY MANAGEMENT BRANCH SNS-22-07-04

EQUEST FOR **DEPARTMENT / DIVISION / ACTIVITY: LOCATION OF PROPERTY: Survey Officer, Procurement Services** You are requested to survey the following listed property and to relieve me of accountability therefor by approval of this report. (xxx) ACCOUNTABLE PERSON (PRINT & SIGN) ITEM ACQUISITION **CONDITION DISPOSITION PROPERTY DESCRIPTION OF PROPERTY** QTY NO. COST CODE CODE TAG NO. 1 2 3 4 5 6 8 9 10 11 NOTE: IF MOTOR VEHICLE, PLEASE ATTACHED VEHICLE REGISTRATION TO THIS REQUEST. (x) CONDITION CODE: (xx) DISPOSITION CODE: 1 - Unneeded (dispose of in accordance with applicable regulations) N - NEW 1 - Excellent E - USED (recondition) 2 - Good 2 - Destruction 3 - Fair O - USED (usuable w/out repair) 3 - Abandonment 4 - Donation to public bodies R - USED (repair required) 4 - Poor X - Items of no further value for use as intended but possible value 6 - Repair (indicate needs) other than scrap. 7 - Salvage usable parts and sale remainder Y - WORN OUT (No value except as scrap) 8 - Reduce to scrap 9 - Other(described under recommendation)

(XXX) Requesting activity must complete all applicable items on this form.

PS-100 Form (Revised 09/15/2022)

Request for Survey					
		listed hereon has been inspected by the undersigned and its condition and present e findings listed below substantiate the recommended disposition set out on the			
		ances surrounding the loss, or damage of the property listed hereon have been d the findings and recommendations are listed below.			
		be put on Public Sale, Negotiate Sale "As Is", "Where Is" or Scrap since it is no further value for the CNMI Government.			
		SURVEY OFFICER RECOMMENDATION			
	Date	(Signature)	Title		
	APPROVED DISAPPROVED	Francisco C. Aguon Signature of Reviewing Authority	Acting Director, Procurement Services		
	(Date)		Title		
I	Certify That the property listed herec	CERTIFICATE OF DISPOSITION on has been disposed of the following manner			
	(Date)	(Signature)	Title		
		FOR APPROVED DESTRUCTION ONLY			
Ī	Certify That I have witnessed the de	struction (reduction to scrap) of the listed items.			
	(Date)	(Signature of Witnessing Officer)	Title		

Continuation Survey No.:

ITEM NO.	QTY	PROPERTY TAG NO.	DESCRIPTION	ACQUISITION COST	CONDITION	DISPOSITION CODE
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ITEM NO.	QTY	PROPERTY TAG NO.	DESCRIPTION	ACQUISITION COST	CONDITION	DISPOSITION CODE
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