State of California

TRANSIT STORAGE FORM
GSMS-56 (4/06)

Office of Surplus
Property and Reutilization
(916) 928-5839
(916) 928-5840 Fax

PART 1 AGENCY BILLING CODE: _____

AGENCY: _____ DATE: _____

ADDRESS: _____ PHONE: _____

AUTHORIZED BY (NAME): _____ E-MAIL: _____

PART 2- PLACE ITEMS IN STORAGE	**PART 3- WITHDRAW FROM STORAGE**
Comments:	☐ Ship to: _____ _____ ☐ Will be picked up

PART 4

	# OF UNITS	AGENCY CONTROL NUMBER	ITEM CODE	LOCATION
ITEM #1	__ __	__ __ __ __ __ __ __ __ __ __ __ __ __ __	__ __ __	__ __ __ __
DESCRIPTION _____				
ITEM #2	__ __	__ __ __ __ __ __ __ __ __ __ __ __ __ __	__ __ __	__ __ __ __
DESCRIPTION _____				
ITEM #3	__ __	__ __ __ __ __ __ __ __ __ __ __ __ __ __	__ __ __	__ __ __ __
DESCRIPTION _____				
ITEM #4	__ __	__ __ __ __ __ __ __ __ __ __ __ __ __ __	__ __ __	__ __ __ __
DESCRIPTION _____				
ITEM #5	__ __	__ __ __ __ __ __ __ __ __ __ __ __ __ __	__ __ __	__ __ __ __
DESCRIPTION _____				
ITEM #6	__ __	__ __ __ __ __ __ __ __ __ __ __ __ __ __	__ __ __	__ __ __ __
DESCRIPTION _____				

THIS SPACE FOR TRANSIT STORAGE USE ONLY

Warehouse	Date	Status	Freight Charges	ID
__ __	__ __ __ __ __ __ __ __	__ __	__ __ __. __ __	__ __ __ __