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| RC-SEAL | CONSTRUCTION-IN-PROGRESS PROJECT REMOVAL FOR CAPITAL ASSETS OFFICE OF THE AUDITOR-CONTROLLER Complete and return to the Asset Management Desk of the General Accounting Division, Mail Stop #1050. | SPM Form  AM – 8 |

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| **BUSINESS UNIT** | **FUND NO.** | DEPT ID | AGENCY/DEPARTMENT NAME |
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| **1** | **Asset Number** | **Category Code** | **Project #** | **Quantity** | **Amount** |  | **Fiscal Year** | **Disposal Date** |
|  |  |  |  |  |  |  |  |  |
| **Other Information** *(Reason/Comments)* | | | | | | | |
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| **2** | **Asset Number** | **Category Code** | **Project #** | **Quantity** | **Amount** |  | **Fiscal Year** | **Disposal Date** |
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| **Other Information** *(Reason/Comments)* | | | | | | | |
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| **3** | **Asset Number** | **Category Code** | **Project #** | **Quantity** | **Amount** |  | **Fiscal Year** | **Disposal Date** |
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| **Other Information** *(Reason/Comments)* | | | | | | | |
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| **4** | **Asset Number** | **Category Code** | **Project #** | **Quantity** | **Amount** |  | **Fiscal Year** | **Disposal Date** |
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| **Other Information** *(Reason/Comments)* | | | | | | | |
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| **5** | **Asset Number** | **Category Code** | **Project #** | **Quantity** | **Amount** |  | Fiscal Year | **Disposal Date** |
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| **Other Information** *(Reason/Comments)* | | | | | | | |
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| Project Manager Name Title Signature |  | Date |

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| Fiscal Chief/Officer/Manager Name Title Signature |  | Date |

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| Department Director Title Signature |  | Date |