

# INSTRUCTIONS FOR FURNITURE AFFIDAVIT FORM

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Pursuant to the State Property Control Act (Public Act 88-515), the General Assembly has determined that prior to the purchase of new furniture, departments should first check with the State of Illinois Surplus Property Warehouse to see if any surplus furniture can be utilized. This is only required if the individual item(s) or combined unit(s) value exceeds \$500 or more.

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## **The Furniture Affidavit is required (but,not limited to) for the purchase of the following:**

Bookcases  
Cabinets (to include: Filing, Storage, Tool)  
Chairs (to include: Classroom, Folding, Office, Lounge)  
Chalkboards (Portable)  
Classroom Seating (moveable)  
Coat Racks  
Credenzas  
Desks (Classroom, Computer, Office)  
Dormitory Furniture (to include: Beds, Dressers, Nightstands, Chests, Couches, Lounge Chairs)  
Laboratory Furniture (to include: Portable Storage Units, Tables, Cabinets)  
Lamps  
Lecterns  
Lockers & Locker Room Benches (Classroom use)  
Lounge Seating  
Mail Sorting Units  
Modular Furniture and Furniture Systems to include work surfaces  
Office Seating  
Partitions  
Shelving (to include: Free Standing, Portable)  
Stools  
Tables (to include: Classroom, Coffee, Computer, Conference, End, Folding)  
Valets  
Workbenches

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## **If purchase is to be made via the Procurement Card:**

Please complete the Furniture Affidavit form by emailing the vendor quote to Kent Guthrie (Central Management Services Property Control Division) at **kent.guthrie@illinois.gov**. Upon receipt of approval from Central Management Services, forward the original completed, signed, and notarized\* Furniture Affidavit form to Procurement Services along with the Furniture P-Card Request form and a copy of the quote from the vendor. Procurement Services will file the affidavit with Central Management Services Property Control Division where it will be made available for public inspection. The Furniture P-Card Request will then be processed.

## **If purchase is to be made via a Purchase Requisition:**

Please complete the Furniture Affidavit form by emailing the vendor quote to Kent Guthrie (Central Management Services Property Control Division) at **kent.guthrie@illinois.gov**. Upon receipt of approval from Central Management Services, submit the original completed, signed, and notarized\* Furniture Affidavit form to Procurement Services with a purchase requisition. Procurement Services will file the affidavit with Central Management Services Property Control Division where it will be made available for public inspection. The furniture order will then be processed.

\* Missy Carter in Procurement Services and Lynn Stocks in Accounts Payable has, as a customer service to the University departments, notary public authority to attest for the Furniture Affidavit and other official University business transactions that require a notary public attestation.

# FURNITURE AFFIDAVIT FORM

(30 ILCS 605/7a; 44 111.Adm.Code 1.2043cl)

The undersigned swears or affirms that:

1. The named agency has a need for the new furniture shown below, each item having an estimated new cost or a combined total of at least \$500 or more.
2. CMS' Surplus Property Division representative, \_\_\_\_\_ (name), was contacted on \_\_\_\_\_ (date) regarding the availability of surplus furniture to meet the needs of the agency.
3. The following new furniture will be purchased to meet the agency's needs because surplus property was either "not available" (check NA below), or was available but "unacceptable" (check "UA" below and explain).

DESCRIPTION OF NEW FURNITURE (one item or multiple same items per line)	QUANTITY	COST	
		UNIT	TOTAL
1. _____ Reasons: <input type="checkbox"/> NA <input type="checkbox"/> UA	_____	_____	_____
2. _____ Reasons: <input type="checkbox"/> NA <input type="checkbox"/> UA	_____	_____	_____
3. _____ Reasons: <input type="checkbox"/> NA <input type="checkbox"/> UA	_____	_____	_____
Use additional forms as necessary.			

Southern Illinois University

\_\_\_\_\_  
SIU Departmental Representative (printed name)

\_\_\_\_\_  
SIU Departmental Representative (signed name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Title)

Subscribed and Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_