



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

FINAL DISPOSITION OF SURPLUS PROPERTY FORM
(TO BE USED BY SURPLUS PROPERTY DEPARTMENTS ONLY)

Department ORG Code Date

I request that the item(s) below be removed from the inventory of this department and the institution.

Inventory # Tag# Internal Tracking # Serial# Description

INTER-AGENCY PROPERTY TRANSFER Agency Name Agency # Name of Recipient

TCI PROPERTY TRANSFER Pallet # Date Wrapped Load#

SALE PUB # Amount: Date Purchased Name of Buyer: Receipt #

DISCARDED Justification Circle one: Dumpster Dump Recycling Location

COMMENTS

CERTIFICATION I hereby certify that the item(s) should be removed from TTUHSC El Paso inventory and to the best of my knowledge the above information on the final disposition of the item is correct.

Printed Name Surplus Property Signature

TO BE COMPLETED BY PROPERTY INVENTORY Date Entered Date Accepted Signature

EMAIL TO: baelp-asset.accounting@ttuhsc.edu

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*Form Instructions*

**FINAL DISPOSITION OF SURPLUS PROPERTY FORM**

This form should be completed by the appropriate Surplus Property department and forwarded to Property Management.

If a department other than Surplus Property submits this form to Property Inventory, the form will be returned to the submitting department unprocessed.