

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
DEPARTMENTAL CERTIFICATION FOR SURPLUS OF AN INVENTORIED ITEM
(For Broken, Obsolete, Unserviceable, or Surplus Property)

Department: _____	ORG Code: _____	Date: _____
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To: **PROPERTY MANAGER**

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

Inventory #:	Description:	
Inventory Carrying Value:	Date Acquired:	Document ID #
I have personally examined the item(s) and request this change for the following reason:		
		Transfer Request #
Disposition suggested:	PUB #	
Estimated residual value:	TCI Pallet #	

Computer Equipment Certification:	Service Tag #: _____
Does this piece of equipment have any type of storage device (hard drive, SIM card, etc.) still attached and functional?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Hazardous Certification:
I certify that the item has been checked and determined to be free of hazardous material.
Date Checked: _____ By: _____ Signature: _____
<small>* Attach Decontamination Form (HSC OP 75.05, Attachment A) if applicable.</small>

Confidential Information Certification:
I certify that the item has been checked and determined to be free of all Confidential Information.
Date Checked: _____ By: _____ Signature: _____

Property custodian's signature indicates that all items have been checked and ALL confidential information removed.

Signed _____

 Property Custodian

 Type or Print Name

Signature of Surplus Property Custodian Type or Print Name of Surplus Property Custodian	Surplus Property Manager Authorization to transfer to Surplus Inventory ORGN: _____ New Location - Building: _____ Room Number: _____
TO BE COMPLETED BY PROPERTY INVENTORY	
DATE ENTERED: _____ SIGNATURE: _____	

MAIL TO: Surplus Property Manager:
 General Services, 5001 El Paso Dr., El Paso, Texas 79905

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Instructions for Completing the

DEPARTMENTAL CERTIFICATION FOR SURPLUS OF AN INVENTORIED ITEM FORM

1. **DEPARTMENT** - Enter the name of your department.
2. **ORG CODE** - Enter the level 5 organization code of your department (not the paid account).
3. **DATE** - Enter the current date.
4. **INVENTORY #** - Enter the inventory tag number. This is the number on the inventory tag which was affixed to the property by Property Inventory (not the serial number).
5. **DESCRIPTION** - Enter a brief, but accurate description of the property.
6. **INVENTORY CARRYING VALUE** - Enter the inventory carrying value.
7. **DATE ACQUIRED** - Enter the date that the property was purchased.
8. **DOCUMENT ID #** - Enter the voucher number. This is the transaction that recorded the acquisition of the property.
9. **DISPOSITION SUGGESTED** - State how you would like the property disposed of, such as:
 - a. Sell to the highest bidder.
 - b. Junk, dispose of as salvage.
 - c. Use as a trade-in for new property.
 - d. Make available for transfer to other departments.
 - e. Retain to be utilized for parts to maintain other property.
10. **ESTIMATED RESIDUAL VALUE** - The value entered should be an estimate of the amount you believe could be obtained upon sale of the item.
11. **TRANSFER REQUEST #** - Enter the number received when the online property transfer was submitted.
12. **COMPUTER CERTIFICATION** – Enter the service tag number and indicate whether or not the equipment has any type of storage device.
13. **HAZARDOUS CERTIFICATION** – If appropriate, enter the date the item was inspected for hazardous materials and the name of the person performing the inspection.
14. **CONFIDENTIALITY CERTIFICATION** – Signature of person verifying all storage areas (i.e. file cabinets, drawers, enclosed areas, etc.) do not contain any confidential information.
15. **PROPERTY CUSTODIAN** - This is usually the head of the department unless the responsibility has been officially delegated to someone else in writing by the head of the department.
16. **DO NOT ENTER ANY INFORMATION IN THE YELLOW OR GRAYED AREAS.**

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