TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
REQUEST FOR PICK UP OF SURPLUS PROPERTY

Date _____

I request that the following items be picked up from _____
Department Name

Current Location: _____ Contact: _____ Phone: _____
Bldg./Room

ITEM DESCRIPTION	INVENTORY NUMBER	SERIAL NUMBER	For Use by Surplus Property only

Hazardous Certification:

I certify that the item has been checked and determined to be free of hazardous material.

Date Checked: _____ By: _____ Signature: _____

* Attach Decontamination Form (HSCEP OP 75.05, Attachment A) if applicable.

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 _____

Notes:

Fax completed form to 915 215-4950 to schedule item for pickup.
Or email request to SurplusElp@ttuhsc.edu
If item on TTUHSCEP inventory, HSCEP OP 63.11 Attachment A is also required to surplus that item.

_____
Property Custodian

_____
Type or Print Name