

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
REQUEST FOR APPROVAL OF SURPLUS PROPERTY**

DATE: _____

Request No. _____
(For Surplus Property use only)

DEPARTMENT: _____

ITEM DESCRIPTION	INVENTORY NUMBER	SERIAL NUMBER	CONDITION	DISPOSITION	Accepted	Rejected
			<input type="checkbox"/> New <input type="checkbox"/> Used - Excellent <input type="checkbox"/> Used - Good/Fair <input type="checkbox"/> Used - Broken	<input type="checkbox"/> Move to surplus warehouse <input type="checkbox"/> Junk/Dispose <input type="checkbox"/> Recycle <input type="checkbox"/> Use as a trade-in for new property		
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Hazardous Certification
I certify that the item(s) have been checked and determined to be free of hazardous material. * Attach Decontamination Form (HSCEP OP 75.05, Attachment A) if applicable.
Date Checked: _____ By: _____ Signature: _____

Confidential Information Certification
I certify that the item(s) have been checked and determined to be free of all confidential information.
Date Checked: _____ By: _____ Signature: _____

Property custodian's signature indicates that items were Accepted or Rejected. Date: _____ By: _____

Signed

Completed and signed forms should be emailed to: SurplusElp@ttuhsc.edu