

Property Management and UIHC Surplus Removal Request Form

Send Completed Forms To: **Property Management Office, 609 Jefferson Bldg.**
*** Hospital Departments** send to Environmental Services – FAX# 4-8106

Department #	Department Name
Phone #	Contact Person
	Pick-Up Location

Equipment To Be Removed From Departmental Inventory:

UI Tag Number	PMO Use	Equipment Description	Serial Number	CPU Data Wiped Y/N	Surplus Use or Destination

Two individuals must provide original signatures.

Requestor	Date	Phone Number
Departmental Executive Officer	Date	Phone Number

<p><u>UIHC Use Only:</u></p> <p><u>Comments:</u></p> <p>_____</p> <p>_____</p>	<p>Environmental Services Signature _____</p> <p>Date _____</p> <p>Disposal Location _____</p>
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<p><u>Property Management Office Use Only:</u></p> <p>Date Sent to Surplus: _____</p>	<p>For Inventory Audit _____</p> <p>Date Entered _____</p> <p>Completed By _____</p> <p>File Number _____</p>
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