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

Date				
I request that the following items be picked up from				
	·	partment Name		
Current Location: Bldg./Room	Contact:	Phone:		
ITEM DESCRIPTION		INVENTORY NUMBER	<u>SERIAL</u> NUMBER	GS # - For Use by General Services Only
Computer Equipment Certification: Service Tag #:				
Hard Drive Removed:YesNo N/A				
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 (HSC 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:				
Property custodian's signature indicates that all items h	ave been checked and AL	L confidential informa	ation removed.	
	Signed	Decre	ty Custodian	
		Propei	ty Custodian	
Notes:		Type o	r Print Name	

Fax completed form to 806-743-2759 to schedule item pickup in Lubbock. If item on TTUHSC inventory, 63.11 Attachment A is also required to surplus that item. If item is a computer, 63.11 Attachment B is also required to Surplus that item.