



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

FINAL DISPOSITION OF SURPLUS PROPERTY FORM
(TO BE USED BY SURPLUS PROPERTY DEPARTMENTS ONLY)

Department ORG Code Date

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

Inventory # Tag#
Internal Tracking # Serial#
Description

INTER-AGENCY PROPERTY TRANSFER
Agency Name
Agency #
Name of Recipient

TCI PROPERTY TRANSFER
Pallet # Date Wrapped Load#

SALE
PUB # Amount:
Date Purchased Name of Buyer:
Receipt #

DISCARDED
Justification
Circle one: Dumpster Dump Recycling Location

COMMENTS

CERTIFICATION
I hereby certify that the item(s) should be removed from TTUHSC El Paso inventory and to the best of my knowledge the above information on the final disposition of the item is correct.

Printed Name Surplus Property Signature

TO BE COMPLETED BY PROPERTY INVENTORY
Date Entered
Date Accepted Signature

EMAIL TO: baelp-asset.accounting@ttuhsc.edu