

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

| Department: | | | rgn Code: | Date: | Date: | | |
|--|------------------|------------------|-----------|------------------|-----------|-------------|-----------------------|
| | | | | | | | |
| Inventory Number | Serial Number | Item Description | | SysAid Ticket | Condition | Disposition | Accepted/ Rejected |
| 11011 | 11011 | | | ii C. C. | | | |
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| Confidential and Hazardous Certification: To be completed by Custodian/Delegate. I certify that all item(s) have been declared surplus and cleared of any hazardous material and/or confidential information (i.e. file cabinets, drawers, enclosed areas, etc.). | | | | | | | |
| Print Name:Custodian/Delegate Signature: | | | | | | Date: | |
| * Attach Decontamination Form (HSCEP OP 75.05, Attachment A) if applicable. | | | | | | | |
| | | | | | | | |
| Computing Device Certification: To be completed by IT department. I certify the equipment above has been checked and cleared of any hard drive and/or storage media. | | | | | | | |
| Print Name: IT Signature: | | | | | Date: | | |

Completed/signed forms should be emailed to: <u>SurplusElp@ttuhsc.edu</u>. Inventoried tagged items must also be transferred via the Property Management System. Please contact <u>Property Management</u> if you have any questions.