

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
Final Disposition of Surplus Property Form
(To Be Used By Surplus Property Departments Only)
PropertyManagement@ttuhsc.edu

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

Inventory # _____	<div style="border: 1px solid black; padding: 5px;">TAG:</div>
Internal Tracking # _____	
Serial # _____	
Description _____	

INTER-AGENCY PROPERTY TRANSFER

Agency _____	
Agency # _____	
Name of Recipient _____	

TCI PROPERTY TRANSFER

Pallet # _____	Date Wrapped _____	Load # _____
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SALE

PUB # _____	
Amount _____	
Date Purchased _____	
Name of Buyer _____	
Receipt # _____	

DISCARDED

Justification _____	
C @ & one: ////////// Dumpster ////////// Dump ////////// Commercial Recycling _____	
	Where

COMMENTS

CERTIFICATION

I hereby certify that the item(s) should be removed from TTUHSC 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
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TO BE COMPLETED BY PROPERTY INVENTORY

Date Entered _____	Signature _____
Date Accepted _____	Signature _____