

REQUEST FOR DISPOSAL OF SURPLUS PROPERTY

Please enter one CODE per item: (S1) Obsolete (S2) Too Costly (S3) Beyond Repair (S4) Cannibalized

	1			ı					
	Code	UNM Tag #	Manufacturer	Model#	Serial #	Description	Surplus Property Use O	nly	Hold
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Pick up items at Building #: Building Name:						Room #:	Phone:		
Ш	Items v	will be delivered	to Surplus Proper	ty. Date:	Time:	By:			
For Department Requesting Disposal of Surplus Property:						For Surplus Property Use ONLY			
						Received by Surplus			
Date: Org Code:							Time:		
Department Name:						Surplus Signature:		_	
Contact Name: Phone:								□srs	
PRINT NAME & TITLE (authorized by):								□Export	
								\square CGA	
						Released By:			
Additional Information:						Cian Nama	Driet Name		
						Sign Name	Print Name		

Type directly into this interactive PDF form and email completed form to univserv@unm.edu