

**SURPLUS REMOVAL FORM**

Controller's Office | Purchasing

**Surplus property includes, but is not limited to, furniture or obsolete movable equipment.**

User must be familiar with the University's Business Policies and Procedures: Surplus Property Disposition and Signature Authority Policy.

Location of item(s): \_\_\_\_\_  
 Building \_\_\_\_\_ Room \_\_\_\_\_ Floor \_\_\_\_\_

Requestor's Name \_\_\_\_\_ Department \_\_\_\_\_ Phone Ext. \_\_\_\_\_ Date \_\_\_\_\_

**SURPLUS POLICIES & PROCEDURES:**

- If item is a capital asset, the equipment manager must approve. Signature required below \*. (See required *Capital Asset Disposition Form*)
- If the item is part of a grant or contract, Sponsored Programs Accounting and Reporting Manager must approve. Signature required below \*\*.
- Standard removal process is two weeks upon receipt of form in Purchasing.
- Items must be clearly marked if broken.
- To avoid safety risks, surplus items must not be stored in walkways.

**Hazardous Chemicals**

- For removal of hazardous chemicals please contact Risk Management 946.2908.

**Computers & Electronic Waste**

- Do not throw away computers and electronic waste in dumpsters.
- ➔ All data-storable computer surplus equipment (e.g., CPU, copier, cell phone, etc.) must be directed to OIT or the IT representative for your area. Signature required below.

Item Description/Features	Year	Salvage able?	QTY	Reason for Surplus	Is this item a capital asset? *	Item part of grant? **	Notes/Comments
1		<input type="checkbox"/> No			<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes				<input type="checkbox"/> Yes: Tag No. _____ PO No. _____	
2		<input type="checkbox"/> No			<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes				<input type="checkbox"/> Yes: Tag No. _____ PO No. _____	

**\* Capital Asset:**

Equipment Manager Printed Name \_\_\_\_\_ Equipment Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Grant or Contract:**

Sponsored Programs Accounting & Reporting Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

➔ IT signature acknowledges hard drive has been removed or wiped clean:  
 IT Representative Typed Name \_\_\_\_\_ IT Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head Typed Name \_\_\_\_\_ Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Purchasing Use Only</b>	
SR# _____	Date _____