

**UNIVERSITY OF NEW MEXICO  
REQUEST FOR DISPOSAL OF SURPLUS PROPERTY**

**Email** this form to univserv@salud.unm.edu by clicking the "**Submit**" button below.

Please enter one **CODE** per item: **(A)** Too Costly/Beyond Repair **(B)** Obsolete **(C)** Cannibalized

	Code	UNM Tag #	Working?	Manufacturer	Model #	Serial #	Description
1			Yes No				
2			Yes No				
3			Yes No				
4			Yes No				
5			Yes No				
6			Yes No				
7			Yes No				
8			Yes No				
9			Yes No				
10			Yes No				

Pick up items at Building # \_\_\_\_\_ Building Name \_\_\_\_\_ Room # \_\_\_\_\_ Phone: \_\_\_\_\_

Items will be delivered to Surplus Property. Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

**For Department Requesting Disposal of Surplus Property:**

Date: \_\_\_\_\_ Orgcode: \_\_\_\_\_ FAX: \_\_\_\_\_

Department Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Dept. Signature: \_\_\_\_\_

*For Surplus Property Use ONLY*

Received by Surplus Property

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**PRINT NAME & TITLE** of authorized signature:

\_\_\_\_\_ , \_\_\_\_\_

Call 277-2923 with questions.