

## REQUEST FOR DISPOSAL OF SURPLUS PROPERTY

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

	Code	LININA Tag #	Manufacturer	Model#	Serial #	Doccrintio	n Surnlus	Property Use Only	Auction	
1	Code	UNM Tag#	Manufacturer	Model#	Serial#	Description	off Surpius	Troperty ose only		
1						1			<del>                                     </del>	
2									<u> </u>	
3									<b>│</b> □	
4										
5										
6										
7										
8										
9										
10										
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:							For Surplus Property Use ONLY Received by Surplus Property			
Date: Org Code:							Date:Time:			
Department Name:						Surplus	Surplus Signature:			
Contact Name: Phone:										
PRINT NAME & TITLE (authorized by):										
							Released By:			
Additional Information:						Sign Nam	ne	Print Name		

Type directly into this interactive PDF form and email completed form to <a href="mailto:univserv@unm.edu">univserv@unm.edu</a>