



**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
TRANSFER FROM SURPLUS TO DEPARTMENT REQUEST**

The following item (s) have been transferred from _____ (Department Name) _____ (ORG Code)

to _____ (Department Name) _____ (ORG Code) _____ (Date)

GS#	INVENTORY TAG #	DESCRIPTION	NEW LOCATION	
			ROOM	BUILDING

Computer Equipment Certification: Service Tag #: _____
 Hard Drive Removed: _____ Yes _____ No N/A

Hazardous Certification:
 I certify that the item has been checked and determined to be free of hazardous material.
 Date Checked: _____ By: _____ Signature: _____
 * Attach Decontamination Form (HSC OP 75.05, Attachment A) if applicable.

Confidential Information Certification:
 I certify that the item has been checked and determined to be free of all Confidential Information.
 Date Checked: _____ By: _____ Signature: _____

Property custodian losing department's signature indicates that all items have been checked and ALL confidential information removed.

_____ Property Custodian/Losing Department _____ Property Custodian/Gaining Department

 Recorded in Property Inventory System