

S-1, SURPLUS PROPERTY TRANSACTION FORM – UTHSC CAMPUS

Date:

Page of

Dept.:	Account Name:	Building Code:	Building Name/Address:
Requestor/Contact:	Email:	Requestor/Contact Phone No.:	Pick up/Remove On or Before:
Special Handling or Expediting, please Explain:			
Dept. Head/Business Mgr./Designee	Typed Name:	Email:	
Signature:			

INSTRUCTIONS: Fill in S-1 form online only as hand-written is not accepted. Submit S-1 electronically to surplus1@uthsc.edu **Note:** Each item previously used in connection w/biological, chemical and/or radioactive materials must be decontaminated & a separate S-3 Equipment Decontamination Form filled out/signed and a copy submitted electronically along with the S-1 before acceptance by Surplus & release to Logistics for pickup. Forward a copy of each S-3 to Safety Affairs. Retain copies of signed S-1 forms for six (6) years per UT Policy and do not forward to Controller's Office as this task is accomplished by others.

NOTE: Surplus personnel will enter a Work Order in Archibus to have surplus picked up.

Room No.	QTY	Item Description, Mfr., Model	Condition Code(s)	Serial Number	UT Inv. Tag Number	Asset Number	Listed on Equip. Inv.	Surplus Use Only			
								R	S	D	E
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Surplus Rec'd by Logistics Personnel/Signature ONLY:	Date:
--	-------

Surplus Rec'd by Surplus/Personnel Signature ONLY:	Date:
--	-------