

Non-Asset Surplus Pick-Up Request

Date: _____

Department ID: _____

Department Name: _____

Department Contact: _____

Phone Number: _____

Please provide a complete description and quantity of all non-asset items to be surplussed.

Requested Date to Complete Work: _____

Building: _____ **Room:** _____

Note:

This form cannot be used for assets transferring to Surplus Property. Please contact your department's Inventory Contact regarding surplus capital or controlled assets.

E-Mail completed form to distribution_services@uta.edu.