UTMB
The University of Texas Medical Branch

Surplus Equipment Warehouse Form

(Form for transferring equipment to the Surplus Equipment Warehouse)

DATE: _____

PEOPLESOFT DEPARTMENT NAME: _____

PEOPLESOFT DEPARTMENT NUMBER: ☐☐☐☐☐☐

EMPLOYEE ID: _____ **PHONE:** _____

_____
SIGNATURE – Asset Custodian

EQUIPMENT LOCATION (One location per form)
Building # _____ **Room #** _____ **L#** _____

TAG NUMBER	DESCRIPTION (i.e.: desk, chair, etc.)

(Attach additional sheets as needed)

☐ **All software has been removed from any computers**

TYPE OF MOVE:

☐ **LOGISTICS/MATERIALS MGT** ☐ **CONTRACT** ☐ **DEPARTMENTAL DELIVERY**

RETURN COMPLETED FORM TO:
LOGISTICS/MATERIALS MGT. DELIVERY, RT. 1027

OR FAX TO:
(409) 772-5334

TO BE SIGNED AT THE TIME OF THE MOVE

DEPT SIGNATURE: _____ **DATE:** _____

DELIVERY TRUCK DRIVER: _____ **DATE:** _____

WAREHOUSE ATTENDANT SIGNATURE: _____ **DATE:** _____