University of Texas Health Science Center at San Antonio

PROPERTY DELETION REQUEST

Print Form

Date Submitted:	
Department Name:	
Department ID:	
Contact Name:	
Phone:	

For property listed, please mark if the property **EVER contained electronic data storage capacity. If yes, an Electronic Data Storage Device Disposal form must be completed. The electronic storage column must be completed before any items will be removed from your inventory.

Inventory Tag #	Description	Serial Number	Building/Room	**Electronic Storage

I request that the property listed above be physically removed from the location(s) shown and be deleted from the departmental inventory records.

Chair/Director/Administrator Signature:	
Chair/Director/Administrator Printed Name/Title:	

PICKED UP BY WAREHOUSE

Warehouse Supervisor Signature/Date
Scott Hartung

APPROVED FOR TRANSFER TO INSTITUTIONAL FURNITURE AND EQUIPMENT INVENTORY

Manager, Property Control Signature/Date
Kit L Ramzinski

Please forward one copy to Property Control - Office of Accounting (Campus Mail or email Property Control-Admin)