



SURPLUS PROPERTY / TRANSFER FORM

SP #: _____



Total Piece Count: _____

All surplus property/equipment/items and disposals considered "University of Miami" property, must be processed through the "Surplus Property" department. Please complete the following form and e-mail it to:

SURPLUSPROPERTY@MIAMI.EDU. If you have any questions, please call: 305.243.6375.

NAME / CONTACT: _____ DATE OF REQUEST: _____

CAMPUS (Medical, RSMAS, Gables): _____ PHONE #: _____

DEPARTMENT: _____ E-MAIL ADDRESS: _____

DMAS / FRS ACCOUNT #: _____ FDC # (If Applicable): _____

Label each item with the "ITEM #" as noted in the table below. Place label on each item (i.e. desks, chairs, tables, etc...) prior to "Surplus" pick up.

ITEM #'s	QTY	DESCRIPTION (INCLUDE MANUFACTURER, MODEL # & SERIAL # IF APPLICABLE)	LOCATION - (BLDG. / ROOM #)	UM DECAL # - (IF APPLICABLE)	CONDITION - (WORKING / NOT WORKING)	OFFICE USE ONLY -

*****IF ADDITIONAL ITEMS NEED TO BE ADDED, PLEASE COMPLETE ADDITIONAL TRANSFER FORMS*****

REQUESTOR'S SIGNATURE: _____ DATE: _____

DEPARTMENT AUTHORIZED NAME & PHONE #: _____

DEPARTMENT AUTHORIZED SIGNATURE: _____ DATE: _____

SECTION TO BE COMPLETED BY "SURPLUS PROPERTY" OFFICE ONLY

FORM APPROVED BY SURPLUS PROPERTY: _____ DATE: _____

BIOMED APPROVAL (PRINT NAME AND SIGN IF NECESSARY): _____ DATE: _____

IT DEPT. APPROVAL (PRINT NAME AND SIGN IF NECESSARY): _____ DATE: _____

ITEMS RECEIVED BY MOVING DEPT. (PRINT NAME AND SIGN): _____ DATE: _____

ITEMS RECEIVED BY SURPLUS CLERK (PRINT NAME AND SIGN): _____ DATE: _____

Revised on: September 22nd, 2016