



OFFICE OF LOGISTICS MANAGEMENT (OLM)

Removal Request Form – LM-2

You must complete this Form On-Line. Hand written Forms will be rejected.

Reference #S:

Submit Form:		Mail, Fax or PDF the entire package to: Fax: 679-1964 or Mail to: MC 6170								
Requester's Name:			Title:							
Department:										
Phone Number:				Fax Number:						
Room Number:				Mail Code:						
Email Address:										
Special Instructions:										
Coding:	FY		Fund		Org		Program		Account	
Signature:			Date:							
Written Name:										
Important Notices to Department Head:										
<ul style="list-style-type: none"> Your signature confirms that all equipment & accessories used with/or having contained radioactive or other hazardous materials, have been inspected & approved for surplus, shipping and/or storage by Environmental & Radiation Safety. Your signature confirms that Freon has been removed from all refrigerant equipment by Facilities Management. Your signature confirms that all electronic storage equipment & devices have been transferred to Surplus Property, where they will be properly cleaned of information according to UCH HIPAA policies. 										
Released By Signatures: (Signatures must be in order stated)				Date	Released By Signatures:				Date	
1. Departmental Property Coordinator					6. Hospital AVP or CEO (Individual items over \$5,000.00 only)					
Typed Name - Mandatory					Typed Name - Mandatory					
2. Principal Investigator (Grant purchased items only)					7. University Director for Logistics Management					
Typed Name - Mandatory					Typed Name – Mandatory (All Asset Transactions)					
3. Department Head					Received By Signatures:				Date	
Typed Name - Mandatory										
4. Dean (Individual items over \$5,000.00 only)					1. Logistics Management Supervisor (Property)					
Typed Name - Mandatory					Typed Name - Mandatory					
5. VP for Research (Individual items over \$5,000.00 only)					2. OLM Surplus Property Coordinator					
Typed Name - Mandatory					Typed Name - Mandatory					

