



University of Connecticut Health Center

MATERIALS MANAGEMENT REMOVAL REQUEST FORM - MM-2

REFERENCE # S Mail, Fax or PDF the entire package to: MC 6170 Fax: 679-1964

NAME: _____ **TITLE:** _____

BUILDING: _____ **FLOOR:** _____ **ROOM #:** _____ **TELEPHONE:** _____ **FAX:** _____

DEPARTMENT: _____

MAIL CODE: _____ **EMAIL:** _____

RECOMMENDED DISPOSITION: 1.Movable Assets: 2.Computer Software: 3.PC & Electronics:
4. Fixed Assets/Building Services Equipment: 5. Other: _____

Condition Codes: G=Good F=Fair P=Poor S=Scrap

HC ASSET #	DESCRIPTION	LOCATION	MODEL #	SERIAL #	CONDITION

SPECIAL INSTRUCTIONS: _____

CODING:	FISCAL YR	LEDGER	ACCOUNT	SUBCODE	AMOUNT	SIGNATURE (Coding must be approved)

IMPORTANT NOTICES TO DEPARTMENT HEAD:
 1. YOUR SIGNATURE ALSO CONFIRMS THAT ALL EQUIPMENT & ACCESSORIES USED WITH/OR HAVING CONTAINED RADIOACTIVE OR OTHER HAZARDOUS MATERIALS HAVE BEEN INSPECTED & APPROVED FOR SHIPPING AND/OR STORAGE BY ENVIRONMENTAL & RADIATION SAFETY.
 2. YOUR SIGNATURE ALSO CONFIRMS THAT ALL ELECTRONIC STORAGE EQUIPMENT & DEVICES HAVE BEEN PROPERLY CLEANED OF INFORMATION ACCORDING TO UCHC HIPAA POLICIES.

Released By Signatures:	Date	AUTHORIZED SIGNATURES (Signatures Must Be In Order Stated)	Date
_____ 1. DEPARTMENTAL PROPERTY COORDINATOR	_____	_____ 6. HOSPITAL DIRECTOR (Individual Equipment Over \$10,000 Only)	_____
_____ 2. PRINCIPAL INVESTIGATOR (Equipment Purchased on Research Grants Only)	_____	_____ 7. UNIVERSITY DIRECTOR OF MATERIALS MANAGEMENT (All Asset Transactions)	_____
_____ 3. DEPARTMENT HEAD	_____	Received By Signatures:	Date
_____ 4. DEAN (Individual Equipment Over \$10,000 Only)	_____	_____ 1. SURPLUS PROPERTY PROGRAM	_____
_____ 5. VICE PRESIDENT FOR RESEARCH (Individual Equipment Over \$10,000 Only)	_____	_____ 2. FACILITIES MANAGEMENT	_____

RECEIVED BY:	REQUEST IS:	REMOVAL DATE:	COMPLETED BY:
INITIALS: _____ DATE: _____	APPROVED: <input type="checkbox"/> DENIED: <input type="checkbox"/>	Date: _____	INITIALS: _____ DATE: _____