

Env. Hort Surplus Pickup Request

Contact Person: _____	Phone Number: _____
Item(s) Location: _____	
Bldg #: _____	Room #: _____

All items should be at the pickup location indicated above. Items in more than one pickup location will need a separate Surplus Pickup Request for each location.

<p>1. Description: _____</p> <p>a. Quantity: _____ b. Decal# (if applicable): _____</p> <p>c. Is this item on an Equipment Maintenance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>d. Does this item contain Freon? _____ If Yes, please contact Treva for removal prior to surplus request.</p> <p>e. Has this item been used to store biohazardous or radioactive materials? _____ If Yes, please contact Treva prior to surplus request. f. Has software/data been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>2. Description: _____</p> <p>a. Quantity: _____ b. Decal# (if applicable): _____</p> <p>c. Is this item on an Equipment Maintenance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>d. Does this item contain Freon? _____ If Yes, please contact Treva for removal prior to surplus request.</p> <p>e. Has this item been used to store biohazardous or radioactive materials? _____ If Yes, please contact Treva prior to surplus request. f. Has software/data been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>3. Description: _____</p> <p>a. Quantity: _____ b. Decal# (if applicable): _____</p> <p>c. Is this item on an Equipment Maintenance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>d. Does this item contain Freon? _____ If Yes, please contact Treva for removal prior to surplus request.</p> <p>e. Has this item been used to store biohazardous or radioactive materials? _____ If Yes, please contact Treva prior to surplus request. f. Has software/data been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>4. Description: _____</p> <p>a. Quantity: _____ b. Decal# (if applicable): _____</p> <p>c. Is this item on an Equipment Maintenance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>d. Does this item contain Freon? _____ If Yes, please contact Treva for removal prior to surplus request.</p> <p>e. Has this item been used to store biohazardous or radioactive materials? _____ If Yes, please contact Treva prior to surplus request. f. Has software/data been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

If **more than** four items please attach additional form(s).
Additional comments about this request:

Please **scan** and **email** completed form to Treva Damron, damron@ufl.edu
If you have questions, please call Treva, (352) 273-4791 or (352) 392-1831.