UNIVERSITY OF ILLINOIS

Surplus Equipment Retrieval

Receiving Unit

Contact: _____

E-Mail: _____

Phone: _____

Delivery Information

Contact: _____ Phone: _____

Date: _____ E-Mail: _____

Transport. Serv. Req. # (Required UIC Only): _____

Items to Remove from Surplus . . . and Move to this Location

				Delivery Location		
Surplus ID#	**Description**	**COA-Org**	**Unit Name**	**Bldg Code**	**Bldg Name**	**Room #**

Comments:

You may wish to save this form for your records before submitting.

When the transaction is complete, you will receive a confirming e-mail from UPAR.

University Property Accounting Approval by:

Save Print Submit by E-mail