



**DEPARTMENTAL AUTHORIZATION FOR RECEIVING SURPLUS EQUIPMENT**

TO: Property Management Warehouse Personnel

*I hereby authorize the following named employee to select surplus property for:*

Department Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Department Property Custodian: \_\_\_\_\_  
Print Name Email Address

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Needing Permission: \_\_\_\_\_  
Print Name Signature

Department Head: \_\_\_\_\_  
Print Name Signature

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*Approved by Property Management:* \_\_\_\_\_  
Signature

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