



Billable Surplus Pickups
INTER-ACCOUNT BILL

Please read instructions

Department: _____ Date: _____
Contact Name: _____ Phone: _____

Account Number: _____ Administrator: _____

Building(s): _____ Room(s) _____
Request Start Date: _____

Description of pickup

If additional description is required, attach a separate sheet- DO NOT USE ADDITIONAL FORM

Acceptance of Estimate and Authorization to Proceed: I hereby authorize DFM to proceed with the work described above and on any attached pages. I understand that the above account number will be charged for all labor, materials and other costs associated with the requested work upon completion of work or delivery of services in accordance with established University procedures.

Department Head or Authorized Agent Position E-Mail Address Date

BUSINESS OFFICE USE ONLY

Fiscal Year: _____

SR-

FACILITIES MGMT USE ONLY

TOTAL ESTIMATE: \$

DO NOT WRITE IN THIS SPACE

Detailed Cost Summary Attached

TOTAL CHARGES: \$

I hereby certify that the materials and/or services listed above were furnished to the department as specified and that the prices charged are proper.

DFM Administrator or Authorized Agent

Instructions for billable Surplus Request

Use this form to request surplus pickup that your department is responsible for to dispose of.

All requests require an account number.

Surplus:

1. Complete all information
2. Furnish a university account number and sign the authorization to proceed.
Provide original signed copy to Facilities Management office.
3. All labor, materials, and other incidental costs will be billed to your department.
4. Questions, call our Surplus Department at Facilities Management, ext. 56827