

Billable Surplus Pickups INTER-ACCOUNT BILL

Total Estimate: \$ □ Do NOT WRITE IN THIS SPACE □ Detailed Cost Summary Attached	Please read instructions				
Detailed Cost Summary Attached					SR-
Detailed Cost Summary Attached	Department:	D	Oate:		FACILITIES MGMT USE ONLY
Pescription of pickup TOTAL ESTIMATE: \$ Do NOT WRITE IN THIS SPACE	Contact Ivanic.		one		
Ladditional description is required, attach a separate sheet- DO NOT USE ADDITIONAL FORM Acceptance of Estimate and Authorization to Proceed: I hereby authorize PFM to roced with the work described above and on any attached pass. I understand that the above count number will be charged for all labor, materials and other costs associated with the requested or work or delivery of services in accordance with established University and that the materials and/or services listed above were furnished to the department as specified and that the prices charged are proper.	Account Number:	Administrato	r:		
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TOTAL ESTIMATE: \$ Do NOT WRITE IN THIS SPACE	Request Start Date:				
ESTIMATE: \$ Do NOT WRITE IN THIS SPACE	Description of pickup				
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Department Head or Authorized Agent Position E-Mail Address Date DFM Administrator or Authorized Agent	procedures.				above were furnished to the department as specified and
	Department Head or Authorized A	gent Position	E-Mail Address	Date	DFM Administrator or Authorized Agent

BUSINESS OFFICE USE ONLY

Fiscal Year:___

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