



Capital Asset Surplus Form

Complete form and email to surplus@ucsf.edu. *Required.

For more information or questions, please contact us at **(415) 502-6245**.

First Name*: _____

Last Name*: _____

Telephone*: _____

Email*: _____

Item*: _____

Item Description*: _____

Serial Number*: _____

Make/Model*: _____

Year*: _____

Item Condition*: Good Fair Broken

Estimated Value*: _____

In-Place Sale*: Yes No

Capital Assets Management (EIMR) - Mandatory

I authorize that this item has been released by Capital Asset Management (CAM) by filling out the CAM EIMR (Equipment Inventory Modification Request) form. I certify that this item has been authorized and released by CAM. This authorization can be obtained by completing CAM Equipment Inventory Modification Request (EIMR) form.

When entering the department manager's name, you must secure their approval in advance due to strict security protocols.

Department Manager's First Name *: _____

Last Name*: _____

UCSF Property Code*: _____

CAM Reference Number(s)*: _____

EH&S - If Applicable

I certify that this item is free from hazards including radioactivity (Authorized by). When entering the department manager's name, you must secure their approval in advance due to strict security protocols.

Department Manager's First Name: _____ Last Name: _____

IT Data Security - If Applicable

I certify that this hard drive is encrypted as outlined by UCSF IT Data Security Policy. When entering the department manager's name, you must secure their approval in advance due to strict security protocols.

Device encryption policy is governed by the [UCSF Minimum Security Standards for Electronic Information Resources](#), which is Addendum B to [Campus Administrative Policy 650-16: Information Security and Confidentiality](#).

Department Manager's First Name: _____ Last Name: _____

Pickup Information

Desired Pickup Date*: _____

Street Address*: _____

Building*: _____ Room Number*: _____

Financial Information

Business Unit*: _____
Please check with your manager or financial analyst for the correct business unit.

Fund*: _____ Department ID*: _____ Project ID*: _____

Activity Period: _____ Function*: _____ Flex Field: _____

Special Instructions/Comments

Review the [Capital Asset Surplus Terms and Conditions for Departments](#)

I agree to the Capital Asset Surplus Terms and Conditions for Departments.

Department Manager's First Name *: _____ Last Name*: _____