

**UNIVERSITY OF KENTUCKY
SURPLUS PROPERTY DEPARTMENT**

SURPLUS AUTHORIZATION VOUCHER

DEPARTMENT NAME	DEPARTMENT NUMBER	COST CENTER
DEPARTMENT ADDRESS	DEPARTMENT TELEPHONE NUMBER	
<p>1. Equipment obtained from Surplus is to be used exclusively for University of Kentucky functions. 2. Capital equipment will be added to the department's Equipment Inventory. 3. Only University of Kentucky faculty or staff may obtain surplus property.</p>		
AUTHORIZATION:		
_____	_____	
Name of Person Authorized to Remove Equipment (Please print.)	Title	
_____	_____	
Signature	Phone Number	
_____	_____	
Signature of Authorizing Official	Date	
_____	_____	
Title (Please print.)	Phone Number	

A NEW FORM MUST BE PRESENTED AT EACH VISIT.