

University of Texas Health Science Center at San Antonio
MOBILE PHONE DEACTIVATION/ DELETION
REQUEST FORM

Date Submitted:

Department Name:

Department ID:

Contact Name:

Contact Phone:

Inventory Tag #	Phone Number	User Name	Description	Keep or Turn In

I request that the property listed above be removed and be deleted from the departmental inventory records.

Mobile User Signature:

IMS Phone Office/TechZone Signature:

PICKED UP BY WAREHOUSE

APPROVED FOR TRANSFER TO INSTITUTIONAL
FURNITURE AND EQUIPMENT INVENTORY

Warehouse Supervisor Signature/Date
Scott Hartung

Manager, Property Control Signature/Date
Kit L Ramzinski