



Surplus Property Management System Department Administrator Initial Registration

If you are an administrator for more than one department, please submit one form per department number.

Date of Request: _____

Department Information

Department Number: _____	Department Name: _____
Building Name: _____	
Building Address: _____	
Campus Box: _____	
Phone Number: _____	Fax Number: _____

Department Default Account Number for Surplus Warehouse Purchase: _____

Business Unit: _____ Fund: _____ Source: _____ Department: _____

Profile Contact Information:

Name (as found in campus directory): _____	
Title: _____	
Email (as found in campus directory): _____	
Phone Number: _____	

Please email to gaster@email.unc.edu or fax to 919-962-6271.