

Form # _____

EQUIPMENT INVENTORY MODIFICATION REQUEST

Instructions: Complete this form, sign and submit it to Equipment Management. Please use the Excess & Surplus Property Disposal Form to report inventorial equipment that is to be picked up by Central Stores (for sale or disposal).

| | |
|-------------|---------------------------|
| Department: | Inventorial Custody Code: |
| Contact: | Phone: |

Type of Transaction (check only one)

| | | |
|----------------------------|----------------|----------------------------|
| Interdepartmental Transfer | Lost | Fabrication |
| Destroyed/Cannibalized | Off-Campus use | Other (explain in Remarks) |

Remarks

Equipment Identification

| Asset Number | Description | Acquisition Value |
|--------------|-------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Department Fabrication (fill in the following as well as the Equipment Identification above for any inventorial components)

| | |
|--------------------------|-------------------------------|
| Labor Costs \$: | Materials & Supplies \$: |
| Equipment Components \$: | TOTAL Cost of Fabrication \$: |

Loaned/Borrowed (fill in the following as well as the Equipment Identification above)

| | |
|-----------------------|----------|
| Name of Borrower: | Address: |
| Name of Lender: | Address: |
| Period of Loan: From: | To: |

Transfer (fill in the following, Equipment Identification above, and include approvals from both departments)

| Custodial Department Name | Campus | Inventorial Custodial Code |
|---------------------------|--------|----------------------------|
| From: | | |
| To: | | |

Approvals

| For Department(s): | | Equipment Management | |
|--------------------|------|----------------------|------|
| Name | Date | Name | Date |
| Name | Date | Name | Date |