

USE THIS FORM TO REPORT ALL ACTIVITY OF INVENTORIED EQUIPMENT, INCLUDING TRANSFERS, DISPOSALS AND RELOCATIONS

*NOTE: SHADED SECTIONS **MUST** BE COMPLETED

*DATE _____

*VPI & SU INVENTORY DECAL NUMBER _____

*DESCRIPTION _____

MANUFACTURER _____

MODEL # _____ *SERIAL # / SERVICE TAG(DeII) _____

*FORM COMPLETED BY (PLEASE PRINT) _____ *PHONE# _____

EQUIPMENT TRANSFER

*TRANSFERED FROM DEPARTMENT (NAME & NUMBER) _____

*DEPARTMENT APPROVAL (PLEASE PRINT) _____ *SIGNATURE _____

*TRANSFERED TO DEPARTMENT (NAME & NUMBER) _____

*DEPARTMENT APPROVAL (PLEASE PRINT) _____ *SIGNATURE _____

*NEW LOCATION - BUILDING _____ *ROOM # _____

RESPONSIBLE PERSON _____ COMMENTS _____

EQUIPMENT DISPOSAL

DESTROYED

TRADED-IN

LOST

CANNIBALIZED

SCRAPPED

DATE OF DISPOSAL _____

STOLEN * NOTE: IF EQUIPMENT IS STOLEN, DATE OF LOSS AND RISK MANAGEMENT VERIFICATION IS NEEDED

SURPLUSSED **NOTE: PLEASE ATTACH COPY OF ORIGINAL SURPLUS REPORT FORM

OTHER _____

EQUIPMENT RELOCATION

*NEW BUILDING _____ *NEW ROOM # _____ RESPONSIBLE PERSON _____