

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 # \_\_\_\_\_

\*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 \_\_\_\_\_