

INVENTORY DELETION or TRANSFER

Please complete this form, tape it to the item and contact Management to schedule removal. Send a copy of completed form to CFO.

Who has the item now?

Dept. _____ Campus _____ Room # _____

Quantity _____

Description _____

Model/Brand _____ Serial # _____

Asset Control # _____ (Must have asset control #).

Where are you transferring the item to?

Dept. _____ Campus _____ Room # _____

Is this item operable? _____ Are all cords, parts and manuals attached? _____

Is the item to be deleted? _____ Why/How? _____

DATE _____ SUBMITTED BY _____