

**Division of Financial and Business Services  
Equipment Management  
INVENTORY ADJUSTMENT FORM**

Date Requested	Person to Contact	Telephone Number	Department Name	Mail Code
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**PLEASE CHECK THE APPROPRIATE BOX TO INDICATE TYPE OF CHANGE REQUESTED**

**A**  **Transfer of Usable Equipment:** Transferring equipment to another on-campus department, (not Surplus Sales) please complete this section.

_____	_____	_____
Receiving Department Name & Mailing Address	Recipient's Name	Phone Number

**B**  **Disposal of Equipment:** Do not discard any equipment unless this request is approved by Equipment Management.  
\* If an item was lost or stolen a police or DPS report is required and must accompany this form.

Type of Disposal (Check One)    Sold     \* Lost     \* Stolen     Scrapped

Explanation/Remarks: \_\_\_\_\_  
\_\_\_\_\_

**C**  **Other Adjustments:** Sent to Surplus Sales \_\_\_\_\_ (when)  
Donated \_\_\_\_\_ (to whom)  
Traded In \_\_\_\_\_ (PO or Requisition #)  
Returned to Vendor \_\_\_\_\_ (Refund or New Item)

Explanation/Remarks: \_\_\_\_\_

**D**  **Temporary loan of equipment to an off campus location, less than 30 days**

_____	_____	_____
Receiving Department Name & Mailing Address	Recipient's Name	Phone Number

**EQUIPMENT IDENTIFICATION**

Equipment Tag Number/Serial#	Description of Each Item	Current Location (Bldg. & Room No.)	New Location (Bldg. & Room No.)

NOTE: When transferred equipment that has been acquired originally with federal funds, the recipient agrees, as a condition to accepting this property that no charge will be made to the Federal Government under any existing or future government grant, contract, or subcontract for any depreciation, amortization, or use with respect to such equipment.

_____ <b>Approved by (Type or Print)</b>	_____ <b>Approval Signature (Dean, Director, Chair and SBO)</b>	_____ <b>Date</b>
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