



Capital Asset Inventory Change Form

Please keep a copy for your records

Date _____ Page of
 Transferred Surplus Parted Out Intangible Item(s) No Longer in Use

Addition to Department Inventory

Fund _____ Organization _____ Department Name _____

Comments _____

"I certify that the items described below have been received and inspected. I hereby assume full responsibility and accountability for the described equipment."

Head of Department _____ Extension _____

Signature _____ Date _____

Removal from Departmental Inventory

Fund _____ Organization _____ Department Name _____

Comments _____

"I request release from inventory responsibility and accountability for the items listed below."

Head of Department _____ Extension _____

Signature _____ Date _____

Removal Code	Condition Code	Tag Number	Serial Number	Description	From Location	To Location
Removal Codes				Condition Codes	Comments	
R1 – Lost		R2 – Stolen (attach Security Report)		C1 – Operative		
R3 – Trade-in or Req. No:				C2 – Inoperative		
R4 – Transferred		R5 – Surplus		C3 – Other		
R6 – Parted Out		R7 – Intangible Item				

When finished, submit this form to the Purchasing Office in the Admin Basement or fax to 2335

Office Use

Accounting: Inventory Updated in Fixed Assets by:

Print Name _____ Date _____ Signature _____ Ext _____

Purchasing: Physical Transfer of Above Equipment Completed by:

Print Name _____ Date _____ Signature _____ Ext _____

Purchasing Agent Signature _____ Date _____