



Financial Manager: _____ Financial Manager
Signature: _____

Phone Ext: _____ Email Address: _____ Date: _____

Attach copy of Annual Equipment Inventory Verification - Highlight applicable item

LOCATION CHANGE ONLY	
New location of asset (same Orgn & Financial Manager)	
Building Name:	Room Number:

or

TRANSFER TO ANOTHER DEPARTMENT (other than Surplus)	
New department for asset (new Orgn & Financial Manager)	
Reason for Transfer:	
Information on Receiving Department:	
Department Name:	Building Name:
Department Orgn:	Room Number:
New Financial Manager :	Financial Manager
	Signature:
Phone Ext:	Email Address:

or

TRADE - IN	
Old asset traded in on purchase of new asset (same Orgn & Financial Manager)	
Reason for Trade-In:	
Description of New Asset Purchased:	
New Purchase Order #:	Credit Received for Trade:
Date New Purchased :	

or

CANNIBALIZED	
Old asset cannibalized to make a "new" asset or improve an existing asset (same Orgn & Financial Manager)	
Reason for Cannibalizing:	
Description of "New" or Modified Asset:	
Modified Asset #:	

or

DESTROYED	
When & How :	