

Financial Manager Signature:

Financial Manager:

Phone Ext:

Date:

Attach copy of Annual Equipment Inventory Verification - Highlight applicable item

LOCATION CHANGE ONLY

Email Address:

New location of asset (same Orgn & Financial Manager)

Building Name:

Room Number:

or	
TRANSFER TO ANOTHE	R 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 #:

Date New Purchased :

or

Credit Received

for Trade:

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 :

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