

PROPERTY CONTROL OFFICER

DATE: \_\_\_\_\_

FROM: (DEPT.) \_\_\_\_\_

BY: \_\_\_\_\_

RE: PROPERTY INVENTORY (FURNITURE AND/OR EQUIPMENT)

REASON: NO LONGER NEEDED ( )

REPLACED YES ( ) NO ( )

TRANSFER ( )

CONDITION: GOOD ( )

FAIR ( )

POOR ( )

In working order

minor repairs

major repairs

necessary

Under \$50.00

DECAL # \_\_\_\_\_

SERIAL # \_\_\_\_\_

ITEM DESCRIPTION: \_\_\_\_\_

PERMANENT TRANSFER: YES ( ) NO ( )

TRANSFER FROM: BUILDING/DEPT. NAME \_\_\_\_\_ ROOM# \_\_\_\_\_

TRANSFER TO: BUILDING/DEPT. NAME \_\_\_\_\_ ROOM# \_\_\_\_\_

OFF CAMPUS TRANSFER:

ADDRESS: \_\_\_\_\_

REASON: \_\_\_\_\_

LENGTH OF TRANSFER :( SPECIFY) \_\_\_\_\_

REMARKS: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DEPT. HEAD/DIVISION CHAIR

DATE

DO NOT WRITE IN THE SPACE BELOW

(FOR INVENTORY PERSONNEL ONLY)

INVENTORY ADJUSTMENT DATE: \_\_\_\_\_ BY: \_\_\_\_\_ CC: BOR REPORT DATE \_\_\_\_\_