

EQUIPMENT LOCATION CHANGE FORM

DESCRIPTION: _____

TAG # (ASSET #): _____

MANUFACTURER: _____

MODEL: _____ SERIAL #: _____

FORMER LOCATION

DEPARTMENT: _____

BUILDING: _____ ROOM NUMBER: _____

DEPARTMENT HEAD: _____

SIGNATURE OF DEPARTMENT HEAD: _____

NEW LOCATION

DEPARTMENT: _____

BUILDING: _____ ROOM NUMBER: _____

DEPARTMENT HEAD: _____

SIGNATURE OF DEPARTMENT HEAD: _____

Return form to campus inventory contact.
Cc: System Accounting