



EQUIPMENT INVENTORY CHANGE REQUEST (P-1)

Section A Transaction Identification

TRANSFERS - Attach any required documentation

Check one		Name & Location/Address
	DEPARTMENT/ORGANIZATION	
	LOCATION CHANGE (INTRADPARTMENT)	
	STATE AGENCY ONLY	

DISPOSALS - Attach any required documentation

Check one		
	DONATION TO OTHER INSTITUTION	-Name & Address of Institution (use space above under TRANSFERS)
	TRADE-IN	-P.O.# required
	CANNIBALIZED OR DESTROYED	-Specify with detail & attach letter
	THEFT/STOLEN	-Signed letter from Chair or Police & Risk Man. Report required
	RETURNED FOR REPLACEMENT	-Documentation required including any new serial #, model #, make, etc...
	SURPLUS	-Dyntek/Com-Cycle or UVA Depot
	OTHER	-Specify with detail

Section B Equipment Identification

EQUIPMENT IDENTIFICATION

Asset Tag Number	Description	Old Location (bldg # & room #)	New Location (bldg # & room #)	Funding Award #	Projected Ship Date

Section C Department/Organization Identification

DEPARTMENT/ORGANIZATION IDENTIFICATION

RELEASING DEPT./ORG.

ORG # : _____ Org. Name : _____ Fax # _____

Contact Person: _____ Phone # _____

Signature of Contact : _____ Date _____

Print Name of Dept./Org. Head : _____

Signature of Dept./Org. Head : _____ Date _____

RECEIVING DEPT./ORG.

ORG # : _____ Org. Name : _____

Contact Person: _____ Phone # _____

Signature of Contact : _____ Date _____

Print Name of Dept./Org. Head : _____

Signature of Dept./Org. Head : _____ Date _____

Return Original to Fixed Assets (Property) Accounting, Dept. of Financial Analysis, Carruthers Hall.
 Retain copy for all parties involved. Questions 924-4209 or 924-4284 Fax 982-2163

FIXED ASSETS (PROPERTY) ACCOUNTING APPROVAL

Name : _____ Date _____

Signature: _____