## EQUIPMENT INVENTORY MODIFICATION REQUEST

**Instructions to Department:** Submit this form to the Equipment Management Department (Mail Code: 0953) when a change is required to the responsibility of University equipment assigned to your operating unit. An approved copy will be returned to the property administrator listed below.

### Property Administrator Information:
Name: 
Department: 
Mail Code: 
Phone: Fax: Email: 

### Transaction Type: Explain circumstances in Remarks section
- [ ] Transfer
- [ ] Surplus Sales *(Mail code 0046)*
- [ ] Outside Institution
- [ ] Interdepartmental
- [ ] Intercampus
- [ ] Loan
- [ ] Destroyed
- [ ] Cannibalized
- [ ] Found in site
- [ ] Add Freight Costs
- [ ] Other *(Explain in remarks section)*

**Transfer or Loan from:**
Name: ____________________________
Dept. ____________________________
Custody Code: ______
Address: ____________________________

**Transfer or Loan to:**
Name: ____________________________
Dept. ____________________________
Custody Code: ______
Address: ____________________________

**Credit Surplus Sale to:**

<table>
<thead>
<tr>
<th>Index</th>
<th>Fund</th>
<th>Organization</th>
<th>Account</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>68310A</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Charge accessory, transfer, or freight charge to:**

<table>
<thead>
<tr>
<th>Index</th>
<th>Fund</th>
<th>Organization</th>
<th>Account</th>
<th>Program</th>
</tr>
</thead>
</table>

**Fabrication:** Provide a complete description of the fabrication. List all recharges, PO numbers and their $ value in the Equipment Identification section. Use the EIMR Attachment form if necessary.

**Materials and Supplies:** $ __________________

**Equipment Components:** $ __________________

**Total Cost:** $ __________________

### Equipment Identification: Provide complete information. Use EIMR Attachment form if necessary.

<table>
<thead>
<tr>
<th>UCID No.</th>
<th>Description of Each Item <em>(Include Serial Number)</em></th>
<th>New Location</th>
<th>Order or Reference No.</th>
<th>Cost or Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Room</td>
<td>Building</td>
<td></td>
</tr>
</tbody>
</table>

### Remarks:
____________________________________________________________________________________
____________________________________________________________________________________________

**Approval (check appropriate box):**
- [ ] Department
- [ ] Agency
- [ ] Other

1. ____________________________ 2. ____________________________
   Signature Date Signature Date

**Equipment Management Approval:**

1. ____________________________ 2. ____________________________
   Signature Date Signature Date