

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Transfer
<input type="checkbox"/> Surplus Sales (Mail code 0046)
<input type="checkbox"/> Outside Institution
<input type="checkbox"/> Interdepartmental
<input type="checkbox"/> Intercampus | <input type="checkbox"/> Destroyed
<input type="checkbox"/> Cannibalized
<input type="checkbox"/> Found in site
<input type="checkbox"/> Add Freight Costs
<input type="checkbox"/> Other (Explain in remarks section) | <input type="checkbox"/> Lost: Police Report #. _____
<input type="checkbox"/> Stolen: Police Report #. _____
<input type="checkbox"/> Trade-in: P.O.# _____ |
|--|--|--|

Loan Period ___ / ___ /2 thru ___ / ___ /2

Transfer or Loan from: Name: _____ Dept. _____ Custody Code: _____ Address: _____	Transfer or Loan to: Name: _____ Dept. _____ Custody Code: _____ Address: _____
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Credit Surplus Sale to:

Index	Fund	Organization	Account	Program
	68310A			

Charge accessory, transfer, or freight charge to:

Index	Fund	Organization	Account	Program

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.

UCID No.	Description of Each Item (Include Serial Number)	New Location		Order or Reference No.	Cost or Value
		Room	Building		

Remarks: _____

Approval (check appropriate box): Department Agency Other _____

1. _____ Signature Date 2. _____ Signature Date

Equipment Management Approval:

1. _____ Signature Date 2. _____ Signature Date