

Southern University and A&M College • Baton Rouge, Louisiana
EQUIPMENT INVENTORY ACTION/UPDATE REQUEST

Instructions: COMPLETE FORM AS DIRECTED BY ITEMS 1-6 BELOW. SEND ORIGINAL COPY TO SUBR PROPERTY MANAGEMENT DEPARTMENT.

1. Indicate department name, department code, date, name of department contact and phone number in space provided.
2. Check appropriate box indicating type of action, update, or approval requested.
3. Provide all information required on each item as applicable. *(Include serial number in description. If no SU tag, write "none.")*
4. If item(s) are being transferred between departments at SUBR, receiving department must sign this form in the space provided below.
Note: Column marked "RECD. Y/N" is for use by Property Management Department when processing surplus or by departments receiving transfer.
5. If trade in request, department must indicate requisition number for new item(s) in comments. Trade-ins must have prior approval from state.
6. Use comments section for explanations or to provide further information. Obtain signatures as required. Attach continuation sheet if needed.

Department _____ Dept. Code _____ Date _____

Contact (Name): _____ Phone Number _____

ACTION/UPDATE/APPROVAL REQUESTED:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> TRANSFER TO SURPLUS | <input type="checkbox"/> SUBR DEPARTMENT
TRANSFER | <input type="checkbox"/> TRADE-IN | <input type="checkbox"/> INVENTORY RECORD
ADJUSTMENT/UPDATE
<i>(Explain in comments section)</i> |
| <input type="checkbox"/> SCRAP | <input type="checkbox"/> TRANSFER TO OTHER
STATE AGENCY | <input type="checkbox"/> THEFT REPORT
<i>(Attach Police Report)</i> | <input type="checkbox"/> LIVESTOCK UPDATE
<i>(Explain in comments section)</i> |
| <input type="checkbox"/> DISMANTLE F/PARTS | <input type="checkbox"/> SALE: AS IS/WHERE IS | <input type="checkbox"/> LOST/UNLOCATED REPORT
<i>(Explain in comments section)</i> | <input type="checkbox"/> OTHER
<i>(Explain in comments section)</i> |

SU INVENTORY TAG NUMBER	ITEM DESCRIPTION	CURRENT LOCATION	NEW LOCATION <i>(If transfer or update)</i>	DEPT. CODE	RECD Y/N



Comments: _____

TOTAL NUMBER OF SHEETS FOR THIS REQUEST
(INCLUDE CONTINUATION): _____

SIGNATURES/APPROVALS

DEPARTMENT SUBMITTING REQUEST	RECEIVING DEPARTMENT FOR TRANSFER	PROPERTY MANAGEMENT OFFICE
Property Custodian <small>(Type/Print Name)</small>	Department Name	<input type="checkbox"/> RECEIVED <input type="checkbox"/> APPROVED
Signature <small>Date</small>		<input type="checkbox"/> MASTER FILE UPDATED
Department Head <small>(Type/Print Name)</small>	Department Head <small>(Type/Print Name)</small>	Property Manager or Designee
Signature <small>Date</small>	Signature <small>Date</small>	Signature <small>Date</small>