TRANSFERRING DEPT. ONLY:		Page 1 of _____

TRANSFERRING DEPT. ONLY:

Date: Phone:

Name of Department **TRANSFERRING** Equipment:

_____

Contact Person:
PRINT Name_____

If TRANSPORT is required, be sure to also submit a separate work order request in the ERPortal work order system for moving. Please enter work order number below.

Central Connecticut State University
New Britain, CT 06050

EQUIPMENT INVENTORY CHANGE REQUEST

All applicable sections of this form must be filled out and forwarded to Property & Inventory Control. If questions, contact Property & Inventory Control at Ext. 22321 or 22308.

IMPORTANT INSTRUCTIONS: **Work Order #:**

1)   This is NOT an Off-Campus Loan Form. If you are taking equipment off-campus, you must fill out an Off-Campus Loan Form.

2)   If transport of item(s) is required, be sure to also submit a separate work order request in the ERPortal work order system for moving.
3)   This form is for internal transfers only; i.e., transferring equipment from one location to another location on the CCSU campus only.
4)   Sections A, B, C and D must be filled out below. **Section C must indicate reason for equipment transfer**.
5)   Signatures are required by **both** the department transferring the equipment and the department receiving the equipment.
6)   Keep a copy of this signed form in your file. It is your proof of the relocation of your equipment.

A.   Equipment Identification

Inventory Bar Code Number	Description of Each Item	From Location: Building and Room Number *(MANDATORY)*	To Location: Building and Room Number *(MANDATORY)*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14. If additional space is required, use "Continuation Form"			

B. Dept. Name **RECEIVING** Equipment	Responsible Recipient's Name **PRINT** Name_____	Phone:
	Signature (Required):	Date:

C. **REASON FOR EQUIPMENT TRANSFER** *(REQUIRED)*: **(For example: Non-Serviceable, No Longer Needed, etc.)**

D.   Department Head Approval (Transferring Equipment):

Signature
Print Name: (Required):   Date:

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