



# EQUIPMENT INVENTORY ACTION REQUEST

OFFICE OF PROPERTY MANAGEMENT - PURCHASING DEPARTMENT  
 LOUISIANA STATE UNIVERSITY, BATON ROUGE, LA 70803

DEPARTMENT	BUDGET / ACCOUNT CODE	DATE
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**INSTRUCTIONS: Mark "X" in Appropriate box below for type of action requested and fill in additional information as required. Use Surplus Supplement Form if needed.**

*For data devices, a Removal of Security - Sensitive Data form is to be submitted with request.*

**\*Signature Needed below depending on Action (1) Dept. Head OR (2) Property Custodian**

For Additional information, Please visit the Property Management web page -> <http://www.fas.lsu.edu/purchasing/propmgmt.htm>

<input type="checkbox"/> TRANSFER TO SURPLUS, (2) <small>(CONDITION REQUIRED)</small> <input type="checkbox"/> TRADE-IN FOR CREDIT, (1) <small>(SEE BOP 4-2 FOR GUIDELINES)</small> <input type="checkbox"/> DEPARTMENT TRANSFER, (1) <small>OR ACCT. CODE CHANGE</small>	<input type="checkbox"/> THEFT REPORT, (2) <small>(LAW ENFORCEMENT DOCUMENT REQUIRED)</small> <input type="checkbox"/> NEW INVENTORY, (2) <small>NO. (TAG) REQUIRED</small> <input type="checkbox"/> RECEIPT OF GIFT OR DONATION, (2) <small>(MUST INDICATE VALUE OF ITEM)</small>	<input type="checkbox"/> SCRAP, (2) <input type="checkbox"/> DISMANTLE FOR PARTS, (2) <small>(APPROVAL REQUIRED. DISPOSING INSTRUCTIONS WILL BE PROVIDED WITH APPROVED LPAA DOCUMENT)</small> <input type="checkbox"/> (OTHER) (2) <small>EXPLAIN IN COMMENTS BELOW</small>
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ITEM/DESCRIPTION <small>(Give Value Of Item(s) If Donation)</small>	INVENTORY NO. <small>(Or Serial No.)</small>	LOCATION <small>(Present/New)</small>
	✓	

CONDITION OF EQUIPMENT/COMMENTS

IF DEPARTMENT OR ACCOUNT CODE CHANGE  <table style="width:100%;"> <tr> <td style="width:50%; text-align: center;"> <input style="width:90%;" type="text"/>            FROM DEPARTMENT         </td> <td style="width:50%; text-align: center;"> <input style="width:90%;" type="text"/>            BUDGET/ACCT CODE         </td> </tr> <tr> <td style="text-align: center;"> <input style="width:90%;" type="text"/>            TO DEPARTMENT         </td> <td style="text-align: center;"> <input style="width:90%;" type="text"/>            BUDGET/ACCT CODE         </td> </tr> </table>	<input style="width:90%;" type="text"/> FROM DEPARTMENT	<input style="width:90%;" type="text"/> BUDGET/ACCT CODE	<input style="width:90%;" type="text"/> TO DEPARTMENT	<input style="width:90%;" type="text"/> BUDGET/ACCT CODE	By Department Receiving Transferred Items  <table style="width:100%;"> <tr><td style="text-align: center;">Print Name</td></tr> <tr><td style="text-align: center;">Received By: Sign Name</td></tr> <tr><td style="text-align: center;">Date</td></tr> </table>	Print Name	Received By: Sign Name	Date
<input style="width:90%;" type="text"/> FROM DEPARTMENT	<input style="width:90%;" type="text"/> BUDGET/ACCT CODE							
<input style="width:90%;" type="text"/> TO DEPARTMENT	<input style="width:90%;" type="text"/> BUDGET/ACCT CODE							
Print Name								
Received By: Sign Name								
Date								

DEPARTMENT RENDERING REQUEST  SIGNATURE- (1) DEPT. HEAD <u>OR</u> (2) PROPERTY CUSTODIAN  TYPE/PRINT NAME  TELEPHONE NUMBER	<b>FOR PROPERTY MANAGEMENT OFFICE USE ONLY</b>  <input type="checkbox"/> Item(s) Picked up Date: _____  <input type="checkbox"/> LPAA Transfer Date: _____ Number: _____  <input type="checkbox"/> To Warehouse <input type="checkbox"/> Request Completed  Property Management Authorization
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