

Capitalized Asset Management EQUIPMENT INVENTORY MODIFICATION REQUEST

EIMR Reference Number:
(for office use only)

Instructions to the Department: *Submit this form for changes to University equipment assigned to your operating unit. This form must be signed by the department custodian. Please call 415/502-2657 if you have questions.*

Type of Modification – Request for Equipment:

- Addition (Attach acquisition documents)
- Fabrication (Provide details in Section IV)
- Trade-In → Purchase Order Number _____
- Transfer (Complete Section II)
- Destroyed – Date: _____

- Lost
- In-Place Sale (Complete Section III)
- Stolen → Police Report No: _____
- Surplus (Complete Section I) Order#
- Cannibalized – Date: _____
- Other (Provide details in Section IV)

For Equipment Purchased with Extramural Funds: Departments must receive agency approval prior to transferring or loaning equipment off UCSF premises or prior to selling, discarding or dismantling.

EQUIPMENT IDENTIFICATION

Property Number	Description	Serial No.	Building	Room	Notes

Section I – Request Surplus to pick-up equipment: *(Note: All licensed software must be removed for pick-up of computers.)*

Approximate Size and Weight: _____
Hours of Operations: _____

Dept. ID: _____ Fund: _____ Project: _____ Activity Period: _____ Function: _____

Section II – Transfer equipment to another department:

Dept. Custodian Signature: _____ Date: _____

Custody Code: _____ Dept. Custodian Name: _____
From: _____
To: _____

Section III – Request for In-Place Sale:

Suggested Bidders: _____
Suggested Value: _____

Section IV – Remarks: *(Note: Provide details of your modification request.)*

Comment: _____

Contact Name _____ → Contact Telephone No. _____

Custodian Name _____

CAM Name	
CAM Signature	
Date	

Custodian Signature _____

Date _____

Please send completed form to Box# 0812, Attn: CAM, Fax to 415/502-5642, or email to CapitalAccounting@ucsf.edu