EQUIPMENT INVENTORY OFFICE Mail Original to EIO DEPARTMENT NAME:		Instructions to complete form: SEE FOLLOWING PAGE				DATE REQUESTED:	
		BOX #:	BOX #: PREPARER:		CAMPUS PHONE:		
nventory Tag Number	Item Description	Item Description		Serial Number		New Location (Bldg & Rm	
YPE OF CHANGE REQUES							
Transferring usable prop		its, budgets	and/or to a	Contact Pers	•	Contact Phone	
me of New Custodian and Receiv							
me of New Custodian and Receiv				Accountable	Budget No. (N	lo charge transfers)	
				Accountable	Budget No. (N	lo charge transfers)	
External sales, out of are		ie disposals.		Accountable Contact Pers		lo charge transfers) Contact Phone	
External sales, out of are	l:	ie disposals.					
External sales, out of are scribe type of sale / other disposa Deleting property for oth ote: Put an X in the box in f	er reasons.						
External sales, out of are escribe type of sale / other disposa Deleting property for oth ote: Put an X in the box in f Lost Stolen: Indica Cannibalized	er reasons. Front of the method you wis	sh to use					
Stolen: Indica Cannibalized	I: er reasons. front of the method you wis te Police Case Number: AS PO #, EP # or Procard r Credit (Also requ	sh to use	D:	Contact Pers	on	Contact Phone	

Instructions for completing the Property Activity Request Form http://f2.washington.edu/fm/eio/equipment-forms

- Date Requested (xx/xx/xxxx) -- Enter date form is prepared
- Department Name -- Enter your department name do not use abbreviations
- Box Number -- Enter campus mailbox number of department (35 - -)
- **Contact Person --** Enter name of the person to whom questions may be directed (internal control cannot be the same person who approves the disposal)
- **Contact Phone --** Enter the campus phone number of the contact person
- Inventory Tag Number -- Enter the inventory tag number if applicable (white, purple or silver tag number) Enter N/A if item is not tagged. All inventoried equipment, except for "No Tag" items should have a tag number affixed.
- Description of Each Item -- Enter a general description of each item
- **Serial Number --** Enter the serial number of items if the tag number is damaged or destroyed
- **New Location** -- If this is an internal UW transfer, enter the new building and room number of the item(s).

□ Section A: Transferring usable property - Check this when transferring property between departments (must also complete New Location box). If loaned property, give name, address and period of loan.

- Name of New Custodian and Receiving Department's Name -- You must enter the name of the new user and department.
- Contact Person -- Enter the name of the person in the receiving department to whom questions may be directed.
- **Contact Phone --** Enter the phone number of the contact person.
- Accountable Budget Number -- Enter the budget number for the new department to which these items are being transferred (used ONLY to transfer accountability NO charge is made to budget).
- Section B: Special Surplus Methods Only use this option when items are not disposed via the Surplus department using the online surplus request form: https://ucs.admin.washington.edu/surplus/UWNetid/surplu
 - Describe type of sale / other disposal -- Indicate if this is an out of area surplus (must be pre-approved by the Surplus department), an external sale (must be handled by Surplus) or other unique type of surplus.
 - Contact Person -- Enter the name of the person in the receiving department to whom questions may be directed.
 - **Contact Phone --** Enter the phone number of the contact person.

Section C: Deleting Property For Other Reasons

- Lost -- Indicates that items are missing but not believed to be stolen
- **Stolen** -- Item has been determined to be stolen and a police report has been filed. Include the police report number and agency initials (UWPD, SPD, etc.). A copy of the report is not required.
- **Cannibalized --** Parts have been removed from the asset and remaining parts will be sent to Surplus when no longer needed.
- **Trade In --** Enter the new PAS PO number, the eProcurement EP or EI number, or the Procard Transaction ID of the new purchase.
- **Return to Vendor For Credit --** Also requires UoW Form 1458 Return/Repair Goods Memo.
- Return to Vendor, No Credit -- Vendor is willing to remove item(s) at no cost to the University
- Disposed At Sea -- Item is used in the ocean and is no longer reporting data

DEPARTMENTAL AUTHORIZATION ---Enter name of the person authorized to request this action and have them sign and date as requested (Chair, Director or their representative for business matters (Administrator, etc.). This person may not be the same as the person creating the form (internal control - division of duties).

Email the completed for to Equipment Inventory, eio@uw.edu COPY - Save a copy in your department inventory files for a minimum of 3 years.

<u>Note</u>: Property transfers within the UW Medical Center require separate handling. Contact the UW Medical Center Capital Accounting Manager (Box 359415, 206-598-7933).