

UNIVERSITY OF VIRGINIA

EQUIPMENT INVENTORY CHANGE REQUEST (P-1)

Section A Transaction Identification

TRANSFERS

Attach justification letter if transferred to another institution

| Check one | To Another | Name & Location |
|--------------------------|---------------------------|-----------------|
| <input type="checkbox"/> | Department/Organization | |
| <input type="checkbox"/> | Location(Intradepartment) | |
| <input type="checkbox"/> | Institution/State Agency | |
| <input type="checkbox"/> | Other (Specify) | |

DISPOSALS

Attach explanation of transaction(s) and supporting document(s)

| Check one | Type |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | Trade-in P.O.# (required) |
| <input type="checkbox"/> | Returned for Replacement |
| <input type="checkbox"/> | Cannibalized |
| <input type="checkbox"/> | Theft/Disappearance |
| <input type="checkbox"/> | Surplus |
| <input type="checkbox"/> | Other (Specify) |

Section B Equipment Identification

EQUIPMENT IDENTIFICATION

| Asset Tag Number | Description | Old Location | New Location (bldg,room) |
|------------------|-------------|--------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Section C Department/Organization Identification

DEPARTMENT/ORGANIZATION IDENTIFICATION

RELEASING DEPT./ORG.

ORG Number & Name : _____

Contact Person & Phone Number: _____

Signature of Contact : _____ Date _____

Print Name of Dept./Org. Head : _____

Signature of Dept./Org. Head : _____ Date _____

RECEIVING DEPT./ORG.

ORG Number & Name : _____

Contact Person & Phone Number: _____

Signature of Contact : _____ Date _____

Print Name of Dept./Org. Head : _____

Signature of Dept./Org. Head : _____ Date _____

Retain copy for all parties involved. Questions 924-4209 or 924-4284 Fax 982-2163

FIXED ASSETS (PROPERTY) ACCOUNTING APPROVAL

Name : _____ Date _____

Signature: _____