



EQUIPMENT INVENTORY ACTION REQUEST
SUPPLEMENT FORM

DEPARTMENT _____

BUDGET / ACCOUNT CODE _____

DATE _____

Department to complete Columns and Equipment Condition section below

Item/Description	Inventory #	✓	Mfg/Serial #	Location

<p>Equipment Condition/Comments (Provide Complete Details)</p> 	
	<p>FOR PROPERTY MANAGEMENT USE ONLY</p> <p><input type="checkbox"/> Items Picked Up _____</p> <p style="text-align: right;">Date: _____</p> <p style="text-align: right;">revised 09/2012</p>

Signature _____