

EQUIPMENT LOCATION CHANGE/TRANSFER FORM

Instructions: **This form should be used to report the following: Location changes** (please complete section **A & C**); **Transfer to another Department** (please complete section **B & C**). After the proper signatures have been obtained, please forward the original to the Controller’s office for approval. When approved, a copy of the request will be returned to the department(s) involved.

(**Stolen Equipment: do not use this form – Report to Public Safety and forward information to Controller’s Office).**

**SECTION A – Location Change**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CSM Tag Number | Item Description | Current Location Building Room | | New LocationBuilding Room | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Responsible Department:**

|  |  |  |  |
| --- | --- | --- | --- |
| Request relocation for the above listed items.  Dept. Name: | Dept. Head Name: | Dept. Head Signature: | Date: |

**SECTION B – Transfer to Another Department**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CSM Tag Number | Item Description | NEW Location Building Room | | Remarks/Reason for Change |
|  |  |  |  |  |
|  |  |  |  |  |

**Releasing Department:**  **Acquiring Department:**

|  |  |
| --- | --- |
| Request release of accountability for the above listed items. | This department accepts accountability for the above listed items. |
| Dept. Name: | Dept. Name: |
| Dept. Head Name: | Dept. Head Name: |
| Dept. Head Signature: | Dept. Head Signature: |
| Date: | Date: |

**SECTION A – Location Change (continued)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CSM Tag Number | Item Description | Current Location Building Room | | New LocationBuilding Room | |
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**SECTION B – Transfer to Another Department (continued)**

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| --- | --- | --- | --- | --- |
| CSM Tag Number | Item Description | NEW Location Building Room | | Remarks/Reason for Change |
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**SECTION C – Submitter Information Controller’s Office**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Extension: |  | Changes in **accountability** and/or **location** listed above are approved:  Date: \_\_\_\_\_\_\_\_\_  Controller’s Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Authorized Signature) |
| Email: | Office Location: |
|  |  |
|  |  |