



Equipment Inventory Change Request

Section I: Releasing Department Information

Department Name _____ Prepared By _____
(Fixed Assets Coordinator)

Date _____ Email _____ Extension _____

Approving Signature _____ Name & Title _____
(Please Print)

NOTE: For Grant or Equipment Trust Funds Items, Contact Fixed Assets prior to any action.

Please list equipment below with a detailed description. Attach a separate sheet for more than 5 items.

Property of JMU ID#	Description (Item Name, Manufacturer, Model #, Serial #, PC Services ESN)
1.	
2.	
3.	
4.	
5.	

Check Appropriate Change Action Below: (One Action per Form)

Section II	Section III
<input type="checkbox"/> TO SURPLUS PROPERTY WAREHOUSE Received By _____ Date _____ Ext.# _____	<input type="checkbox"/> TO ANOTHER JMU DEPARTMENT Department Name _____ Building _____ Room # _____ Received By: _____ Date _____ Ext.# _____
Section IV	Section V
<input type="checkbox"/> TO A DIFFERENT BUILDING (within same Dept.) Building _____ Room # _____ Date _____ Ext.# _____	<input type="checkbox"/> DISPOSAL <input type="checkbox"/> Trade-In (PO#) <input type="checkbox"/> Lost/Stolen* <input type="checkbox"/> Cannibalized for Parts <input type="checkbox"/> Casualty Loss * <small>*see Financial Procedures Manual, Section 3040</small>

FORM DISTRIBUTION :
 (responsibility of the Releasing Department)

Original Copy Copy Copy	Fixed Assets and Surplus Property, MSC 5704 Receiving Department, Fixed Assets Coordinator (if section III is checked) Releasing Department, Fixed Assets Coordinator PC Services, MSC 4802 (applies to computer equipment transfers only)
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