

EAST TENNESSEE STATE UNIVERSITY

Equipment Inventory Change/Deletion Request

Current Custodial Department _____ Date _____

Index Number _____

ETSU Tag #	Description	Serial Number	Location	Cost

(Attach sheet for additional items)

ACTION REQUESTED

Transfer to another Department
Receiving Department _____
Index Number _____
New Location Building Name _____ Room No. _____

Delete from Official Inventory Records because:

- Trade-In (attach copy of Purchase Order)
- Lost/Stolen (attach completed *Missing Equipment Control Form*)
- Cannibalized
- Surplus Needs to the department. Please arrange for pickup and disposal.
(Inventory personnel must sign below upon receipt of equipment)
- Other (explain) _____

APPROVALS

Current Custodial Department _____ Date _____

Receiving Department _____ Date _____

Received by Inventory Department _____ Date _____

Return Fax Number _____