

TRANSFERRING DEPT. ONLY:

Date: _____ Phone: _____

Name of Department **TRANSFERRING** Equipment: _____

Contact Person: _____

PRINT Name _____*If **TRANSPORT** is required, be sure to also submit a separate work order request in the ERPortal work order system for moving.*Central Connecticut State University
New Britain, CT 06050**EQUIPMENT INVENTORY
CHANGE REQUEST***All applicable sections of this form must be filled out and forwarded to Property & Inventory Control. If questions, contact Property & Inventory Control at Ext. 22321 or 22308.***IMPORTANT INSTRUCTIONS:**

- 1) This is NOT an Off-Campus Loan Form. If you are taking equipment off-campus, you must fill out an Off-Campus Loan Form.
- 2) If transport of item(s) is required, be sure to also submit a separate work order request in the ERPortal work order system for moving.
- 3) This form is for internal transfers only; i.e., transferring equipment from one location to another location on the CCSU campus only.
- 4) Sections A, B, C and D must be filled out below. **Section C must indicate reason for equipment transfer.**
- 5) Signatures are required by **both** the department transferring the equipment and the department receiving the equipment.
- 6) Keep a copy of this signed form in your file. It is your proof of the relocation of your equipment.

A. Equipment Identification

| Inventory Bar Code Number | Description of Each Item | From Location: Building and Room Number <i>(MANDATORY)</i> | To Location: Building and Room Number <i>(MANDATORY)</i> |
|--|--------------------------|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| If additional space is required, use "Continuation Form" | | | |

B. Dept. Name RECEIVING Equipment

Responsible Recipient's Name

Phone: _____

PRINT Name _____

Date: _____

Signature (Required): _____

C. REASON FOR EQUIPMENT TRANSFER (REQUIRED): (For example: Non-Serviceable, No Longer Needed, etc.)**D. Department Head Approval (Transferring Equipment):**

Print Name: _____

Signature
(Required): _____

Date: _____