

Date _____

INVENTORY CHANGE FORM

Page _____ of _____

REMOVAL FROM DEPARTMENT INVENTORY

Department Account _____

Department Name _____

Building _____

Room _____

Reason for Removal

- Lost
- Stolen (attach Security Report)
- Transferred
- Trade-In or Req. No. _____

“I request release from inventory responsibility and accountability for the items listed below”

Condition of Items:

- Surplus Operative
- Surplus Inoperative
- Comments _____

Head of Department _____

Date _____

Inventory Tag Number	Serial Number	Description

ADDITION TO DEPARTMENT INVENTORY

Dept Account _____ Dept Name _____

Building _____ Room _____

Comments _____

“I certify that the items described above have been received and inspected. I hereby assume full responsibility and accountability for the Described equipment”

Head of Department _____

Date _____

Inventory Section: All copies remain together until signed by the inventory section

Physical Transfer of the above Equipment Completed By

Inventory _____

Signature _____

Date _____

Date _____