West Virginia State University Research and Development Corporation

PROPERTY ACTIVITY REQUEST FORM

Ext. Number

WEST VIRGINIA STATE UNIVERSITY RESEARCH AND DEVELOPMENT CORPORATION

FIXED ASSETS ACTIVITY FORM

 Inventory Control

|  |  |  |  |
| --- | --- | --- | --- |
| **Inventory Tag Number** |  **Indicate Acquisition Funding: S = State, F= Federal** |  | **Original Equipment Cost** |
| **Description of Each Item** | **Serial Number** | **New Location (Bldg. & Rm. #)** |  |
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| **TYPE OF CHANGE (Check appropriate box and complete adjoining information).** |  |  |  |  |  |
|  |  |  |  |  |  |

Department Name

Location (Bldg. & Rm. #)

* **A. Transferring usable property between departments, budgets and/or to another location. Loaned property (give name, address and period of loan).**

Name of New Custodian and Receiving Department Name Contact Person Phone

 Funding Grant

|  |
| --- |
| * **B. Disposing of surplus property**
 |
| Surplus ID Number | Budget No. and Name to Credit Property Sale | Campus Phone | Phone |
| * **C. Deleting Property**
 |
| * Lost
* Cannibalized
 | * Stolen (Indicate Police Case No.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Return to Vendor for Credit (Also requires a Return/ Repair Goods Memorandum)
 | * Trade-on: Purchase Order Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Return to Vendor (no credit)
 |
|  | Contact Person (Type or Print) | Campus Phone | Date |

|  |  |  |  |
| --- | --- | --- | --- |
| CONCURRENCES | Department Chairperson (Type or Print): | Signature | Date |
| Budget Officer (Type or Print): | Signature | Date |
| Other (if Necessary): | Signature | Date |

 SIGNED ORIGINAL – Equipment Inventory, 304 ACEOP BUILDING, COPY – Department