



FIXED ASSETS ACTIVITY FORM

Department Name	Ext. Number	Location (Bldg. & Rm. #)
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Inventory Tag Number	Indicate Acquisition Funding: S = State, F= Federal				Original Equipment Cost
	Description of Each Item	Serial Number	New Location (Bldg. & Rm. #)		

TYPE OF CHANGE (Check appropriate box and complete adjoining information).

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
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C. Deleting Property

<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen (Indicate Police Case #) _____	<input type="checkbox"/> Trade-on: Purchase Order Number _____
<input type="checkbox"/> Cannibalized	<input type="checkbox"/> Return to vendor for credit (Also requires a Return/Repair Goods Memorandum)	<input type="checkbox"/> Return to Vendor (no credit)

CONCURRENCES	Contact Person	Campus Phone	Date
	Department Chairperson	Signature	Date
	Budget Officer	Signature	Date
	Other (if necessary)	Signature	Date