



Equipment Tracking Form Please Return to Controllers Office – ext. 7267

New Purchased Equipment Form

Equipment Description: _____

Serial Number: _____ P-Card PO Number: _____
If bought with a P-Card attach a copy of the receipt

Purchase Date: _____ Purchase Cost _____ Vendor: _____

Building: _____ Room #: _____

Responsible Employee's Name & Signature: _____

Transfer Equipment Form

Inventory tag #:

Equipment Description: _____

Was equipment purchased with Federal Funding? Yes No
If yes, stop and see "Surplus of Restricted Equipment" Form

Transferred From:

Name Building & Room # Signature

Transferred To:

Name Building & Room # Signature

Disposal/ Trade-In Form

Inventory tag #:

Equipment Description: _____

(Please attach tag)

Was equipment purchased with Federal funding? Yes No
If yes, stop and see "Surplus of Restricted Equipment" Form

Responsible Employee's Name: _____

Signature: _____ Date: _____

Department Head/ Dean Date

IT Signature (computers only) Date

Surplus Receiving Signature Date