

Property Control Equipment Transactions

Department Name ______ Organization No: _____

DEPT NAME	FROM:	TO:
BUILDING		PLEASE LIST BELOW
FLOOR		"
ROOMS		"
LOCATION CODE		"

EQUIPMENT DESCRIPTION	SERIAL NUMBER	P. C. NUMBER	BUILDING	ROOM

TYPE OF TRANSACTION (CHECK ONE)

CHANGE IN LOCATION: ROOM	FACILITIES ASSISTANCE NEEDED FOR MOVE
CHANGE IN LOCATION: BLDG & ROOM	EQPT SURPLUS
CHANGE IN LOCATION: DEPT – BLDG - ROOM	OTHER (EXPLAIN)

APPROVAL:

The undersigned acknowledges that the Equipment listed hereon is the property of Auburn Montgomery. COPIES:

Signed:

(Dean-Director-Dept Head Transferring Dept)

Send the completed form to P

Signed:

(Dean-Director-Dept Head Receiving Dept)