# INVENTORY CONTROL CHANGE IN EQUIPMENT STATUS

**Dept Initiating Change in Equipment Status**: 

**Dept Receiving Property (if applicable)**: 

Date ________________

<table>
<thead>
<tr>
<th>ITEM</th>
<th>KSU Tag Number</th>
<th>Description of Property</th>
<th>Serial Number</th>
<th>New location of property (Building)</th>
<th>Room location</th>
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</table>

Signature of department head **initiating** change in equipment status: 

Signature of department head **receiving** the property (if applicable):

Please make a copy of this completed and signed form for your department records. Send the original to Inventory Control, 233 Schwartz Center.