



INVENTORY CONTROL CHANGE IN EQUIPMENT STATUS

	<b>Related Index:</b>
Dept Initiating Change in Equipment Status	
Dept Receiving Property (if applicable)	
Date _____	

ITEM	KSU Tag Number	Description of Property	Serial Number	New location of property (Building)	Room location
1					
2					
3					
4					
5					
6					
7					
8					

Signature of department head <b>initiating</b> change in equipment status:	Signature of department head <b>receiving</b> the property (if applicable):
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Please make a copy of this completed and signed form for your department records. Send the original to Inventory Control, 233 Schwartz Center.