

ATHENS STATE UNIVERSITY
Property & Inventory Management
EQUIPMENT
TRANSACTION FORM

From:	To:
Department Name:	Department Name:
Building:	Building:
Room:	Room:

Equipment Description:		
Description(if vehicle include license plate)	Serial #	University Property Tag #
<input type="checkbox"/> (if more than five assets see attached list)		

TYPE OF TRANSACTION (CHECK ONE):	
<input type="checkbox"/> On Loan (Provide address above in "To" Section)	<input type="checkbox"/> Delete: Trade In (Provide PO# of Trade below in Notes)
<input type="checkbox"/> Change in Location: Bldg and/or Room	<input type="checkbox"/> Delete: Cannibalized
<input type="checkbox"/> Transfer: Department	<input type="checkbox"/> Lost (Please provide information below in Notes)
<input type="checkbox"/> Surplus Property	<input type="checkbox"/> Stolen (Detail below in Notes, Police Report Required)
<input type="checkbox"/> Other: _____	

Notes (Use this area for a detail of events if item(s) is marked as "Stolen", also for any other information needed by P&IM):
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TRANSFERRING DEPARTMENT The undersigned acknowledge that the Equipment listed is the Property of Athens State University SIGNED: _____ Departmental Head PRINT NAME: _____ DATE: _____	RECEIVING DEPARTMENT: SIGNED: _____ Departmental Head PRINT NAME: _____ DATE: _____ _____ PROPERTY & INVENTORY MANAGEMENT: SIGNED: _____ PRINT NAME: _____ DATE: _____
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