THE COLLEGE OF WILLIAM AND MARY and VIRGINIA INSTITUTE OF MARINE SCIENCE

EQUIPMENT TRANSACTION FORM

DEPARTMENT INFORMATION

DATE__________________  ACCOUNT #: __________  BUILDING:_____________________________   DATE TRANSACTION FORM RECEIVED:__________
REQUESTOR’S NAME____________________________  FLOOR: ________________________________   EQUIPMENT REMOVAL APPROVED:__________
DEPARTMENT:__________________________________  ROOM: ________________________________   DATE EQUIPMENT REMOVED:__________
CAMPUS ADDRESS:__________________________________  PHONE #: ________________________________
PHONE #: __________________________________________
SIGNATURE:___________________________________

NOTE: A fee will be assessed by CWM Facilities Mgt for moves performed by CWM Moving & Hauling.

EQUIPMENT LOCATION

EQUIPMENT DESCRIPTION AND TRANSACTION DETAIL (Attach additional sheets as necessary)

W&M/VIMS ASSET TAG # | EQUIPMENT DESCRIPTION | SERIAL # | CONDITION | DATE ACQUIRED | CERTIFICATION OF ELECTRONIC DATA REMOVAL (*See NOTE above regarding Data Removal) | Data Removed By: | Method of Removal | Date of Removal |
----------------------|-----------------------|----------|-----------|---------------|---------------------------------------------------------------------|-----------------|-----------------|-----------------|
|                      |                       |          |           |               |                                                                     |                 |                 |                 |
|                      |                       |          |           |               |                                                                     |                 |                 |                 |
|                      |                       |          |           |               |                                                                     |                 |                 |                 |

(A) DEPARTMENT TRANSFERRED TO: __________________________ ACCOUNT #: __________ CONTACT NAME: __________________ PHONE#: __________

(B) AGENCY TRANSFERRED TO: ________________________________ STATE SURPLUS TRANSFER DOCUMENT APPROVED: __________

EQUIPMENT TRANSACTION REQUESTED

LOCATION CHANGE/MOVE

TRANSFER (Between departments; Complete Line “A” below)

REQUEST FOR SURPLUS

STOLEN/MISSING (Attach Police Report)

TRADE-IN (Remove and return property tag with this form)

DESTROYED (Attach explanation)

CANNABILIZED FOR PARTS ________________

(Attach Police Report)

LOST (Attach explanation)

NOTE: DATA REMOVAL (Request Data Removal Certification Tags to be placed on equipment from Property Control)

(A) DEPARTMENT TRANSFERRED TO:

ACCOUNT #: __________ CONTACT NAME: __________________ PHONE#: __________

(B) AGENCY TRANSFERRED TO: ________________________________ STATE SURPLUS TRANSFER DOCUMENT APPROVED: __________

ACKNOWLEDGEMENT/ACCEPTANCE OF TRANSFER

RECEIVER’S SIGNATURE /DATE: ________________________________
(To Be Completed By Receiving Department When Transfer Is Between Departments)

EMPLOYEE’S SIGNATURE/DATE: ________________________________
(Signature of employee when equipment is to be located at the employee’s home)

EQUIPMENT TRANSACTION FROM – CONTINUATION SHEET

Revised May 2004