

WILLIAM & MARY and VIRGINIA INSTITUTE OF MARINE SCIENCE

Equipment Transaction Requested: Surplus & Room Changes

Department Information:

Date	
Requestor's Name	
Department	
Banner Index	
Email	
Phone	
Department Head/Fixed Asset Manager Name	
Signature (Department Head/Fixed Asset Manager)	

Equipment Location:

Building	Floor	Room

Equipment Transaction Requested:

<input type="checkbox"/>	Removed to SURPLUS
<input type="checkbox"/>	STOLEN/MISSING (Attach Police Report)
<input type="checkbox"/>	DESTROYED (attach explanation)
<input type="checkbox"/>	LOST (attach explanation)
<input type="checkbox"/>	LOCATION CHANGE (see below)
<input type="checkbox"/>	TRANSFER (Between Department)

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

Asset Tag #	Equipment Description	Serial #	Condition	Date Acquired	Date Removed By

Location Change:

		FROM	TO
<input type="checkbox"/>	Building Change		
<input type="checkbox"/>	Room Change		
<input type="checkbox"/>	Lab/Field Site Change		
<input type="checkbox"/>	Employee's Home (provide name, address, signature, and date)	Name:	
		Home Address:	
		Signature:	
		Date:	

TRANSFER:

Transferred to department _____ Contact Name _____

ACKNOWLEDGEMENT/ACCEPTANCE OF TRANSFER Phone # _____

Receiving Department Signature / Date: _____

Property Control Use Only

Date Transaction Form Received	Equipment Removal Approved	Date Equipment Removed

Department: _____

Date:

EQUIPMENT DESCRIPTION AND TRANSACTION DETAIL (attach additional sheets as necessary)[illegible]