

**THE UNIVERSITY OF TENNESSEE
Equipment Inventory Change/Deletion Request**

Campus/Unit _____ Effective Date _____
 Current Custodial Dep _____
 Cost Center Name _____ Cost Center No. _____

EQUIPMENT

Asset Number	UT Tag Number	Description	Serial Number	Bldg. No.	Room No.	Cost

(Attach sheet for additional items)

ACTION REQUESTED

Transfer to Another Department:

Receiving Department _____
 Cost Center Name _____ Cost Center Number _____
 Internal Transfer Document Number, if applicable _____
 New Location—Bldg. Number _____ Room Number _____

Delete From Official Inventory Records Due To:

Trade-in (attach copy of invoice indicating trade -in value and copy of purchase order, if applicable)
 Disappearance/Theft (attach copy of police report; if campus has no police department, attach copy of letter sent to campus/unit business office)
 Dismantlement
 Other (explain) _____

APPROVALS

Current Custodial Department _____ Date _____
 Receiving Department _____ Date _____