

**Form no (4)**

## EQUIPMENT LOCATION CHANGE/TRANSFER FORM

Instructions: **This form should be used to report the following: Location changes (please complete section **A**); Transfer to another college.** After the proper signatures have been obtained, please forward the original to the Controller's office for approval. When approved, a copy of the request will be returned to the college(s) involved.

**SECTION A – Location Change**

ID Number	Item Description	Current Location		New Location	
		College	Dept.	College	Dept.

**Responsible Department:**

**Releasing Department:**

**Acquiring Department:**

Request release of accountability for the above listed item.	This department accepts accountability for the above listed item.
Dept. Name:	Dept. Name:
Dept. Head Name:	Dept. Head Name:
Dept. Head Signature:	Dept. Head Signature:
Date:	Date:

**SECTION C – Submitter Information**

**Controller's Office**

Name:	Signature:
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Changes in <b>accountability</b> and/or <b>location</b> item above are approved:  Date: _____  Controller's Office: _____ (Authorized Signature)
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