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INVENTORY UPDATE FORM FOR FIXED ASSET ACCOUNTING

USE THIS FORM TO REPORT <u>ALL</u> ACTIVITY OF INVENTOR NOTE: SHADED SECTIONS <u>MUST</u> BE COMPLETED	RIED EQUIPMENT INCLUDING TRANS	FERS, DISPOSALS AND RELOCAT	IONS
DATE			
MANUFACTURER			
	+ + + + + + + + + + + + + + + + + + +		
	SERIAL #/SERVICE TAG (DE		
FORM COMPLETED BY (PLEASE PRINT)	PHO	NE #	
EQUIPMENT TRANSFER			
TRANSFERRED <u>FROM</u> DEPARTMENT (NAME & NUMBER)			
DEPARTMENT APPROVAL (PLEASE PRINT)	SIGNATURE		
TRANSFERRED TO DEPARTMENT (NAME & NUMBER)			
DEPARTMENT APPROVAL (PLEASE PRINT)	SIGNATURE		
NEW LOCATION - BUILDING	ROOM #		
RESPONSIBLE PERSON	COMMENTS		
EQUIPMENT DISPOSAL			
DESTROYED	TRADED-IN	LOST	
CANNIBALIZED	SCRAPPED		DATE OF DISPOSAL
STOLEN *NOTE: IF EQUIPMENT IS STOLEN, DATE OF LOSS AND RISK MANAGEMENT VERIFICATION IS NEEDED			
SURPLUSED **NOTE: PLEASE ATTACH COPY OF ORIGINAL SURPLUS REPORT FORM			
OTHER			
EQUIPMENT RELOCATION			
NEW BUILDING NEW I	ROOM# RESPON	SIBLE PERSON	
PROPERTY CONTROL USE ONLY			
USER ID DATE I	PROCESSED		

Invent the Future