TRINITY UNIVERSITY EQUIPMENT TRANSACTIONS

				To: Business Office, Inventory Control					
Director or Chair Signature Date			From:	From:					
Vice President Signature Date			Date:	Date: File:					
	TYI	PE OF TRANSACTION	(CHECK ALL	APPRO	PRIATE	BOXES)		DISPOSALS	
TRANSFERS				Asset Missing/Stolen:					
Change in Location Only:				(must be reported to Campus Security)					
Transfer Accountability to: Department				Case No:					
		Asset Traded:							
Remove to Storage: EXCESS EQPT:				DPO#:					
OBSOLETE:				Amount:					
Other (explain):				Asset Sold:					
one (orpitally)				Date: Amount: \$					
			Sold to						
Asset #	Equipment Descr	ription (detailed)	Serial #		QTY	COND	From Bldg/Room	To Bldg/Room	
_									
_									
	CONDITION:	G-GOOD	F-FAIR	P – PC	OOR	W – W	ORN OUT		
Transaction already completed – for recording purposes only									
Forward to Physical Plant to initiate transaction. Contact: Phone#:									
Demoster.									
Remarks:									
Delivered by:						<u>Dis</u> tr	ibution:		
Received by:				Send or fax one copy to the Inventory Coordinator, fax # 8090.					
Date:			i inver	Inventory Coordinator will distribute copies to the required department.					