



EQUIPMENT INVENTORY CHANGE REQUEST (P-1) FORM

Section A (Transaction Identification - Attach any required documentation)

TRANSFERS

Table with 2 columns: Check one (checkboxes for DEPARTMENT/ORGANIZATION, LOCATION CHANGE, STATE AGENCY ONLY) and Name & Location/Address.

DISPOSALS

Table with 2 columns: Check one (checkboxes for RELEASE TO ANOTHER INSTITUTION, TRADE-IN, CANNIBALIZED OR DESTROYED, THEFT/STOLEN, RETURNED FOR REPLACEMENT/REPAIR, SURPLUS, SALE, SCRAP, OTHER) and description.

Section B (Equipment Identification - Attach additional spreadsheet if needed)

EQUIPMENT IDENTIFICATION

Table with 6 columns: Asset Tag Number, Description, Old Location (bldg # & room #), New Location (bldg # & room #), Funding Award #, Projected Ship Date.

Section C (Department/Organization Identification)

DEPARTMENT/ORGANIZATION IDENTIFICATION

RELEASING DEPT./ORG.

Form fields for Releasing Dept/Org: ORG #, Org. Name, Fax, Contact Person, Phone, Signature of Contact, Date, Dept./Org. Chair/Dean, Signature of Chair/Dean.

RECEIVING DEPT./ORG. (for internal transfers only)

Form fields for Receiving Dept/Org: ORG #, Org. Name, Contact Person, Phone, Signature of Contact, Date, Dept./Org. Chair/Dean, Signature of Chair/Dean.

Send Completed P-1 Form to SURPLUS PROPERTY
Mail: David Amos (Resource Center), Fax: 328-0269, Email: dba7p@uvawise.edu
Questions 328-0101 or 328-0143

FIXED ASSETS ACCOUNTING APPROVAL

Form fields for Fixed Assets Accounting Approval: Name, Date, Signature.