

## Equipment Action Authorization

This form is to be used for authorization of movable equipment relocation, transfer between departments, or to release obsolete equipment to salvage.

Relinquishing Name \_\_\_\_\_ Date \_\_\_\_\_

Place the appropriate code in the action column as follows:

**A** = Move within the same department.

**B** = Item(s) no longer needed by this department — move to surplus.

**C** = To be traded in on newly purchased items. (Items must be identified with purchase order number.)

**D** = To be stored for this department. (Must indicate how long to store, and items must be clearly marked with department name.)

**E** = Transfer to another department.

**Note:** For items lost or stolen, contact Department of Public Safety to complete an "Incident Report."

Item No.	Action Code	Property Tag No.	Description (Serial Number/Type of Equipment)	Move From (Bldg./Rm.)	Move To (Bldg./Rm.)
1.	<input type="checkbox"/>	_____	_____	_____	_____
2.	<input type="checkbox"/>	_____	_____	_____	_____
3.	<input type="checkbox"/>	_____	_____	_____	_____
4.	<input type="checkbox"/>	_____	_____	_____	_____
5.	<input type="checkbox"/>	_____	_____	_____	_____
6.	<input type="checkbox"/>	_____	_____	_____	_____
7.	<input type="checkbox"/>	_____	_____	_____	_____
8.	<input type="checkbox"/>	_____	_____	_____	_____

Relinquishing Department \_\_\_\_\_ Acct. # \_\_\_\_\_

Accepting Department \_\_\_\_\_ Acct. # \_\_\_\_\_

Approval: \_\_\_\_\_  
Signature of Relinquishing Department Date