

**MOVING REQUEST FORM
UAPB INVENTORY
Phone 575-8835 Fax 575-4686**

Date: _____
 Department: _____ Account #: _____
 Requested By: _____ Extension: _____

*****If Title III purchased any item listed to be moved and/or disposed, prior written approval must be obtained before request will be processed**** _____ **TITLE III STAFF**

Type of Move



Transfer to new department



Interdepartmental transfer



Disposal

Property Description

Qty	Item Name	Model #	Serial #	UAPB Decal #	AGE	Description

(You may attach a list if more space is needed being sure to indicate same information)

Present Property Location: Building _____ Room# _____

Move To: Building _____ Room# _____

Department Transferring Property: _____
 Chair/Dean/authorized to sign _____ Date _____

Department Receiving Property: _____
 Chair/Dean/authorized to sign _____ Date _____

Job Completion Date: _____ By: _____
 Signature

Completed in Inventory System: _____ Completed in Department Inventory File: _____

Property Control Signature: _____
 Date