

# NOTICE OF CHANGE IN MOVABLE EQUIPMENT

DATE	

 $\Box$ 9. Other (Specify)

# I. DEPARTMENT \_\_\_\_\_\_ BUILDING \_\_\_\_\_\_ ROOM \_\_\_\_\_

### II. DESCRIPTION OF ITEM

UH EQUIPMENT NO.	DESCRIPTION	COST

# III. NATURE OF CHANGE (check appropriate block)

□1.	Permanent Transfer to another dept.	$\Box$ 4. Broken beyond repair/salvaged	$\Box$ 7. Transfer to Surplus
□2.	Temporary Transfer to another dept.	$\Box$ 5. Missing	$\Box$ 8. Change in location

 $\Box$  3. Return to Temporary Transfer  $\Box$  6. Stolen\*

\*If item is stolen, attach police report and department's account of the incident.

# IV. EXPLANATORY REMARKS:

#### V. DEPARTMENTAL APPROVALS

Department Originating Change:	Department Receiving Transferred Equipment:	
Point of Contact	Point of Contact	
Date Telephone Extension	Date Telephone Extension	
Department Head	Department Head	
Date Telephone Extension	Date Telephone Extension	

#### VI. ADMINISTRATIVE REVIEW AND APPROVAL:

Manager		Date
Hospital Administration		Date
VII. SANITATION PROCESS:	Received By:	Date:
	Sanitized By:	Date:

#### VIII. ASSET MANAGER ACKNOWLEDGEMENT

The above transaction has been properly recorded and accounted for in the Asset Management Records.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_