

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: _____