

NOTICE OF CHANGE IN MOVABLE EQUIPMENT

DATE _____

I. DEPARTMENT _____ BUILDING _____ ROOM _____

II. DESCRIPTION OF ITEM

UHEQUIPMENTNO.	DESCRIPTION	COST

III. NATURE OF CHANGE (check appropriate block)

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. Permanent Transfer to another dept. | <input type="checkbox"/> 4. Broken beyond repair/salvaged | <input type="checkbox"/> 7. Transfer to Surplus |
| <input type="checkbox"/> 2. Temporary Transfer to another dept. | <input type="checkbox"/> 5. Missing | <input type="checkbox"/> 8. Change in location |
| <input type="checkbox"/> 3. Return to Temporary Transfer | <input type="checkbox"/> 6. Stolen* | <input type="checkbox"/> 9. Other (Specify)
_____ |

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

IV. EXPLANATORY REMARKS:

V. DEPARTMENTAL APPROVALS

<p>Department Originating Change: Point of Contact _____ Date _____ Telephone Extension _____ Department Head _____ Date _____ Telephone Extension _____</p>	<p>Department Receiving Transferred Equipment: Point of Contact _____ Date _____ Telephone Extension _____ Department Head _____ Date _____ Telephone Extension _____</p>
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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: _____

Asset Manager