



Inventory Adjustment Form

To be used for all types of furniture, equipment or other asset moves
Contact Warehouse staff if assistance is needed when completing this form.

Reason for Inventory Adjustment (Check One)

- ☐ Item in usable condition but no longer needed by this Department
☐ Item is broken or otherwise unusable by any Department
☐ Item to be used by this or another Department, but needs to be relocated
☐ Other -- item unaccounted for (missing, lost or stolen) -- Date Security/Incident Report completed: _____

Transfer/Movement information

Requestor's Name _____ Phone Number _____ Today's Date _____
Location before move Bldg. _____ Room _____
Item(s) Released by: _____ Phone Number _____
Location after move Bldg _____ Room _____ New Department _____
Receiver's Name _____ Phone Number _____
Person responsible for equipment in new location _____

| | | |
|---------------------------------|-----------------------|------------------------|
| Description and condition _____ | LCC inventory # _____ | Estimated Weight _____ |
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To be completed by Warehouse, Asset Management or Facilities Staff:

Date Inventory adjustment(s) done _____ Is help needed to move item(s)? _____ If so, date of move request _____

By Whom? _____

| | |
|-------------------------------|---------------------------|
| Staff Assigned to Move _____ | Work Order Number _____ |
| Responsible Supervisor _____ | Date Move Completed _____ |
| Physical Plant Director _____ | |

Signatures Required

Originator's Signature _____ Dean/Supervisor _____