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 _____