Southern University and A&M College ● Baton Rouge, Louisiana
EQUIPMENT INVENTORY ACTION/UPDATE REQUEST

Instructions: COMPLETE FORM AS DIRECTED BY ITEMS 1-6 BELOW. SEND ORIGINAL COPY TO SUBR PROPERTY MANAGEMENT DEPARTMENT.

1. Indicate department name, department code, date, name of department contact and phone number in space provided.
2. Check appropriate box indicating type of action, update, or approval requested.
3. Provide all information required on each item as applicable. *(Include serial number in description. If no SU tag, write "none.")*
4. If items(s) are being transferred between departments at SUBR, receiving department must sign this form in the space provided below.
   Note: Column marked "RECD. Y/N" is for use by Property Management Department when processing surplus or by departments receiving transfer.
5. If trade in request, department must indicate requisition number for new item(s) in comments. Trade-ins must have prior approval from state.
6. Use comments section for explanations or to provide further information. Obtain signatures as required. Attach continuation sheet if needed.

Department _____ Dept. Code _____ Date _____

Contact (Name): _____ Phone Number _____

ACTION/UPDATE/APPROVAL REQUESTED:

☐ TRANSFER TO SURPLUS

☐ SUBR DEPARTMENT TRANSFER

☐ TRADE-IN

☐ INVENTORY RECORD ADJUSTMENT/UPDATE
(Explain in comments section)

☐ SCRAP

☐ TRANSFER TO OTHER STATE AGENCY

☐ THEFT REPORT
(Attach Police Report)

☐ LIVESTOCK UPDATE
(Explain in comments section)

☐ DISMANTLE F/PARTS

☐ SALE: AS IS/WHERE IS

☐ LOST/UNLOCATED REPORT
(Explain in comments section)

☐ OTHER
(Explain in comments section)

SU INVENTORY TAG NUMBER	ITEM DESCRIPTION	CURRENT LOCATION	NEW LOCATION *(If transfer or update)*	DEPT. CODE	RECD Y/N

Comments: _____

_____

_____

TOTAL NUMBER OF SHEETS FOR THIS REQUEST
(INCLUDE CONTINUATION): _____

SIGNATURES/APPROVALS

DEPARTMENT SUBMITTING REQUEST		RECEIVING DEPARTMENT FOR TRANSFER		PROPERTY MANAGEMENT OFFICE
				☐ RECEIVED ☐ APPROVED
Person Submitting Request (Type/Print Name)		Department & Person Receiving Item(s) (Type/Print Name)		☐ MASTER FILE UPDATED
Signature Date		Signature Date		
Department Head (Type/Print Name)		Department Head (Type/Print Name)		Property Manager or Designee
Signature Date		Signature Date		Signature Date