

# REQUEST FOR CHANGING INVENTORY ITEMS AND WORK REQUEST

DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

All equipment and furniture requests are to be verified by the Property Dept. This form is used for property to be moved, transferred, or turned into Surplus Property. DEPARTMENT INITIATING THE TRANSFER IS RESPONSIBLE FOR OBTAINING SIGNATURES & FORWARDING IT TO THE PROPERTY OFFICE. (Fax - 43967) (Email - Property@shsu.edu)  
Department Director must approve.

## PROPERTY DEPARTMENT

The following inventory is to be transferred:

From: \_\_\_\_\_ Orgn. No. \_\_\_\_\_ Approved \_\_\_\_\_

To: \_\_\_\_\_ Orgn. No. \_\_\_\_\_ Approved \_\_\_\_\_

INVENTORY NO.	DESCRIPTION	SERIAL NO.	NEW LOCATION BLGD/ROOM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## UNIVERSITY WAREHOUSE/HAULING/MOVING

SERVICES REQUESTED: (Describe work needed in detail)

**PROPERTY OFFICE USE:**

Date Received: \_\_\_\_\_

Copy to WHSE: \_\_\_\_\_

Date Complete: \_\_\_\_\_

VAX: \_\_\_\_\_

Ledger: \_\_\_\_\_

SPA: \_\_\_\_\_

Banner: \_\_\_\_\_

Computer: \_\_\_\_\_

IT@Sam USE:

IT@Sam Request No. \_\_\_\_\_

IT@Sam Admin Approval: \_\_\_\_\_