

University of Missouri

Columbia — Kansas City — Rolla — St. Louis — UMC Hospital and Clinics — Central Administration

Property Inventory and Change Report

Tag # _____

INSTRUCTIONS ON REVERSE SIDE

DEPT. NAME	DEPT. CODE	7 DIGIT ACCOUNT CODE	DATE
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1. ADDITION OF INVENTORIAL EQUIPMENT (Except new items purchased on Purchase Orders)			Item/s acquired through Check Appropriate Box/s			
ITEM DESCRIPTION	INVENTORY NUMBER	LOCATION	GIFT	UNIV. CONS'TD	FOUND*	VALUE/ COST(S)

Place an "X" in the appropriate box for disposition of items listed below for which the above department is responsible.

- Location change within department.
- Transferred to another department and inventory account number.

DELETION OF INVENTORIAL EQUIPMENT (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Cannibalized
<input type="checkbox"/> Destroyed
<input type="checkbox"/> Lost | <input type="checkbox"/> Surplus - Sold
<input type="checkbox"/> Theft
<input type="checkbox"/> Other |
|--|---|

SURPLUS PROPERTY AND INVENTORY CONTROL SECTION USE ONLY

- MOVE
- Place in surplus not to exceed 30 days.

ITEM DESCRIPTION	INVENTORY NUMBER	LOCATION		DATE IN SURPLUS PROPERTY	DATE REMOVE SURPLUS PROPERTY
		FROM	TO		

Originating Dept. Signature (Director, Department Chairman or Authorized Representative)	Phone
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Receiving Dept. Signature (Director, Department Chairman or Authorized Representative)	DEPT. CODE	7 DIGIT ACCOUNT CODE	Phone
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SURPLUS PROPERTY AND INVENTORY CONTROL SECTION USE ONLY

TIME SPENT	NUMBER OF PEOPLE	ZONE	SQ. FT.	COMPLETED BY

The form should be completed in the following manner:

- A. Check the appropriate campus.
- B. Dept. Name = Name of department originating request and Dept. Code.
- C. 7 Digit Account No. = The originating department's inventory account number.
- D. Date = Date form is completed by department.
- E. The originating department must indicate by checking the appropriate box the disposition of items listed. If "Surplus Property" is checked, Fund and Fund Code must be entered.
- F. Item Description = A concise description of item.
- G. Inventory Number = Inventory number located on item if applicable.
- H. Location = 1. FROM: Current location of item, preferably room number.
2. TO: Final location of item.
- I. Date in Surplus = Date items are to be placed in storage. (For Surplus Property and Inventory Control Use Only)
- J. Date Remove Surplus = Date items are to be removed from storage. (For Surplus Property and Inventory Control Use Only)
- K. Addition of Inventorial Equipment = Complete in the following manner:
 - 1. Item Description = A concise description of item.
 - 2. Inventory Number = Inventory number on item if applicable.
 - 3. Location = Current location of item.
 - 4. Item/s acquired through = Place an "X" appropriate column per item.
 - 5. Value/cost = Actual or estimated value of item.
- L. Originating Dept. Signature = Signature of authorized representative. The only exception is surplus items. Surplus items require the appropriate Associate Director or Dept. Chairman signature.
- M. Phone = Phone number of signer.
- N. Receiving Dept. Signature = Signature of authorized representative receiving transfer inventory items.
- O. Inventory Account No. = Inventory account number of department receiving transfer of items.
- P. Phone = Phone number of receiving signer.
- Q. The area under Surplus Property and Inventory Control Use Only will be completed by the Surplus Property and Inventory Control Section.

The distribution of copies is as follows:

White: Surplus Property and Inventory Control
Pink: Originating Department
Yellow: Receiving Department of transfer items
Green: Surplus Property and Inventory Control