

**TRUMAN STATE UNIVERSITY**  
**Equipment Transfer/Theft Form**

Dept. Requesting Transfer of Equipment: \_\_\_\_\_

Dept. Accepting Transfer of Equipment: \_\_\_\_\_

Current Building/Room Location: \_\_\_\_\_

New Building/Room Location: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Accepted by: \_\_\_\_\_

Division/Department Head \_\_\_\_\_ Date \_\_\_\_\_

Division/Department Head \_\_\_\_\_ Date \_\_\_\_\_

Description:

University Inventory Tag No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_

Theft: Reported to Public Safety – Report No. \_\_\_\_\_ Date: \_\_\_\_\_

**Please send to Inventory Control, 105 McClain Hall, to make changes to inventory records.**



**For Inventory Control Use Only:**

Transfer Approved:  Yes  No      Initials \_\_\_\_\_ Date \_\_\_\_\_

Update Completed:  Yes  No      Initials \_\_\_\_\_ Date \_\_\_\_\_

**For IT Services Use Only:**

Transfer Approved:  Yes  No      Initials \_\_\_\_\_ Date \_\_\_\_\_

**For Physical Plant Use Only:**

Scheduled Pickup Date \_\_\_\_\_

Date Pickup Completed \_\_\_\_\_

Worker's Signature \_\_\_\_\_